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THE

MEDICAL JURISPRUDENCE

OF

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BY

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PREFACE.

THE following work, which contains the substance of lectures on the Medical Jurisprudence of Insanity, delivered to his students for a number of years past, in his general course of Forensic Medicine, the Author submits to the profession with considerable diffidence. He has been encouraged to its publication by the repeated request of his students to do so, and by the fact that there is no English work sufficiently comprehensive upon the subject to which the student can refer. If it shall be found to possess no other merit than that of having collected the details of a number of interesting cases, scattered over many volumes, his labour will not have been entirely thrown away.

The Author has sought for his authorities and illustrations almost exclusively in the records of medicine, and has availed himself but little of those of the law. To a knowledge of the latter science, he makes no pretension whatever; and if he has hazarded an opinion, that the decisions of courts, with regard to some of the forms of insanity, rest upon fallacious principles, he is persuaded that the natural remedy for this is the prevalence of correct views upon the subject in the medical profession. But whether this expectation be well founded or not, the

obvious duty of the medical jurist is to be guided, in giving evidence, by the lights of his own science, regardless of the opinions which may prevail upon the bench.

Having confined himself so exclusively to the principles and details of his own profession, the Author is not without hopes, that this may be found the best recommendation of his work to those engaged in the study and practice of the law.

The arrangement adopted has unavoidably led to some repetition, but the Author is satisfied, from his experience in teaching, that it is the one by which correct notions of the various forms of unsoundness of mind, and of the medico-legal consequences that result therefrom, can be most easily obtained.

The Author is fully aware of the great difficulty, as well as importance of the subject which he has attempted to treat; he is sensible of the imperfect manner in which he must have executed the task he has undertaken, and if he has altogether failed, some one better qualified may be induced to supply the want of such a work in British medical literature.

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CHAPTER I.

UNSOUNDNESS OF MIND.

Unsoundness of mind, when clearly proved to exist, infers the irresponsibility of the individual who is in such a state, for any act which he may commit, however criminal in itself. He is not only held to be irresponsible for any criminal act he may commit, but he is considered incapable of performing the common social duties; and the law, therefore, makes provision for the safety of the persons and properties of those who are unable, on account of intellectual disease or deficiency, to provide for that of either themselves. The law authorizes the restraint of their persons, and it provides for the security of their property, and regards their actions, though criminal in the general sense, yet innocent, as far as they are concerned, if they be proved to be of unsound mind. It may well be believed that cases will frequently occur where doubts will be entertained whether unsoundness of mind exist—whether it exist to such a degree as to infer moral irresponsibility; or whether it will warrant the interference of the law with the liberty and property of the person. Now, our opinion upon this point is formed, not in consonance with any definition, either medical or legal, of what constitutes unsoundness of mind, but it is formed from a combination of circumstances,—from what we observe in the intellectual, moral, and physical state of the individual,—from the

knowledge which we obtain of the existence of predisposing and exciting causes operating upon the individual,—and from other circumstances having more or less bearing upon the manifestations of that particular form of insanity under which we may believe him to labour.

All attempts at the legal definition of what constitutes unsoundness of mind have hitherto proved unsuccessful. The very nature of the subject sufficiently explains this. One man may be of unsound mind from the delirium of a fever, as well as during an accession of maniacal fury. Another may be of unsound mind from partial insanity, relating to a single, or a limited number of subjects. One man may be of unsound mind from deficiency of the intellectual powers, when these have once existed to the average degree of perfection, but which the progress of time, or physical or mental disease, shall have deteriorated or destroyed. This deficiency may be absolute, or it may be partial. Another may be of unsound mind on account of congenital deficiency of the intellectual and moral powers. No ray of intellectual light may exist; or the deficiency may be limited, constituting a case of stupidity or imbecility. The degree of this deficiency in both examples, is frequently a subject of dispute. There is, in short, no end to the minute shades of difference which may be detected in the intellectual powers of different individuals; all of whom may fairly be pronounced far beneath the usual standard of intelligence. There is a particular state of mind, during the existence of which, criminal acts are committed, in which it is almost impossible, in many instances, to discover the existence of any illusion or hallucination; yet in which it is not to be presumed that the individual is of sound mind. I allude to those cases of homicidal madness, during which the most revolting crimes are committed. There are not the

usual criminal motives; the person has no idea that his mental infirmity infers moral irresponsibility; and the act itself is the strongest, and sometimes almost the only evidence of insanity which we obtain. It is not absolutely certain that there may not exist some illusion or hallucination in all such cases; but we shall have occasion to refer to instances in which neither could be discovered. The legal definitions of unsoundness of mind cannot be otherwise than imperfect;—but they are liable to a worse censure—they are erroneous.

In reference to insanity as an excuse for crime, Mr. Alison, in his principles of the criminal law of Scotland, says,—"To amount to a complete bar to punishment, the insanity, either at the time of committing the crime, or of the trial, must have been of such a kind as entirely deprived him of the use of reason, as applied to the act in question, and the knowledge that he was doing wrong in committing it." Mr. Alison qualifies the above definition; he says,—"It is very seldom that a mad person is either deprived of the power of knowing what he is doing, or of reasoning and conversing on its different subjects, or of understanding the distinction between right and wrong, in the general case, and with reference to other persons." "Few men are mad about others, or things in general; many about themselves." Now, it is well known to those familiarly acquainted with the phenomena of insanity, that the above description applies to some forms of the disease only; and it certainly would, in many cases, be unjust to hold an individual morally responsible for a criminal act, even though perfectly able to distinguish right from wrong, in *his own case*. Insanity, on the part of Bellingham, who shot Mr. Perceval in the lobby of the House of Commons, was pleaded. It was proved that he fancied himself subject to a series of injuries from that minister. Lord Chief

Justice Mansfield laid it down to the jury as law, that in cases of murder, it must be proved beyond all doubt, that the prisoner, at the time of committing the act, did not consider that murder was a sin by the laws of God and nature; that lunatics, as long as they can distinguish right from wrong, are amenable for their conduct; and that the mere fancying a series of injuries, which did not exist, was no defence against the charge of murder, if the prisoner were in other respects capable of distinguishing right from wrong. "Unquestionably," Mr. Alison remarks, "the mere fancying a series of injuries to have been received, will not serve as an excuse for murder, for this plain reason, that supposing it true that such injuries had been received, they would have furnished no excuse for the shedding of blood; but, on the other hand, such an illusion as deprives the pannel of the sense that what he did was wrong, amounts to legal insanity, though he was perfectly aware that murder in general was a crime." No injustice, Mr. Alison remarks, may have been done in the individual case, though he confesses that the law, in other instances, has been more correctly laid down. It is quite true that the fancying a series of injuries to have been received may be no excuse for murder—no excuse, whether true or false. A man may fancy that he has received an injury from another, he may be mistaken, and be perfectly sane, but he will have some reason for believing himself to have received the injuries. But the fancying a series of injuries to have been received without any reason whatever, though no excuse for the commission of a crime, may furnish, along with other evidence, sufficient proof of insanity. Lord Lyndhurst, in the case of a trial for murder, in which the defence of insanity was set up, told the jury that they were not justified in acquitting the prisoner on that ground, unless they were satisfied that he did not know, when he

committed the act, what the effect of it would be, if fatal, with reference to the crime of murder. The question was, did he know that he was committing an offence against the laws of God and nature? His lordship expressed his entire concurrence in the law as laid down by Sir James Mansfield in the case of Bellingham. I might quote other recent legal opinions in proof of the same principles. Lord Hale admits the distinction between a partial and a total insanity, though he makes a very unfortunate application of the distinction:—"Some persons," he says, "have a competent use of reason in respect of some subjects, are yet under a particular *dementia* in respect of some particular *discourses*, subjects, or applications, or else it is partial in respect of *degrees;* and this is the condition of very many, especially melancholy persons, who, for the most part, discover their defect in excessive fears and griefs, and yet are not wholly destitute of the use of reason." This partial insanity, however, he continues, ought not to excuse them from the responsibility of any criminal act they may commit, for a reason which will appear very extraordinary,—that, doubtless, most felons are under a partial degree of insanity when they commit these offences. If we admit the fact, which we do not, we deny the inference. Baron Hume remarks on this subject—the freedom from moral responsibility on account of insanity,—"That it is not to be understood there is any privilege in a case of mere weakness of intellect, or a strange and moody humour, or a crazy and capricious, or an irritable temper." "To serve the purpose, therefore, of a defence in law, the disorder must amount to an absolute aberration of reason—such a disease as deprives the patient of the knowledge of the true aspect and position of things about him—hinders himself from distinguishing friend from foe—and gives him up to the impulse of his own

distempered fancy." To measure every case of insanity in which that disease was set up as a defence, by such standards as these, would be a great error indeed. There are certainly cases of *moral derangement*, to use the term of Rush, wherein crimes are committed which are altogether inexplicable, except upon the supposition of unsoundness of mind. Even were an acknowledgment of a distinction between right and wrong to be considered as the proper criterion of soundness or unsoundness of mind, how are we to find out that he really knows the difference between them? We must form an opinion of the moral responsibility of persons accused of having committed crimes—not by ascertaining whether they acknowledge a distinction between right and wrong—not by measuring the case by any legal standard—but by examining the person himself, and endeavouring to form an opinion from all the facts we are able to collect, whether he was insane or not at the time the act was committed.

In civil cases, the English law recognises two classes of incompetent persons: viz. idiots and lunatics. "An idiot," according to Blackstone, "or natural fool, is one that hath no understanding from his nativity, and therefore is presumed by law as never likely to obtain any." And then he endeavours to define what degree of intelligence shall prevent a person from being considered an idiot: and he says, "if he hath any glimmering of reason, so that he can tell his parents, his age, and the like common matters." This definition is far from being satisfactory.

There are many poor creatures of weak intellect, who could not be considered as morally responsible for any act they might commit, and in whose cases the law might justly interfere, either to restrain their personal liberty, or to take charge of their property, and who are possessed of a greater share of intelligence than is presumed by Black-

stone to be sufficient to remove them from the class of idiots.

Complete idiocy renders a person irresponsible in the eye of the law; but a certain degree of weakness of intellect, far short of total idiocy, may frequently be held to infer the same irresponsibility. "A lunatic," says the same legal authority, "is properly one that hath lucid intervals; *qui gaudet lucidis intervallis;* sometimes enjoying his senses, and sometimes not, and that frequently depending upon the state of the moon." Nothing can well be more erroneous than this. It assumes a theory connected with the disease, which, though believed in the time of Blackstone, is disbelieved now, and which renders the definition of no authority whatever. Independently of this objection, a lunatic—meaning thereby an insane person—does not, in nature—whatever he may do in law—sometimes enjoy his senses, and sometimes not. There are many cases of insanity, in which lucid intervals of longer or shorter duration do occur; but they do not necessarily form part of the disease in all its forms.

"The most legal name" for insane persons, according to Coke, is "*non compos-mentis;*" comprising persons under frenzies, or who lose their intellect by disease, those that grow deaf, dumb, and blind, not being born so, or such as are judged by the Court of Chancery incapable of conducting their own affairs. The theory of the law is, that the sovereign is the guardian of such. The description of such persons, as given by Coke, is both erroneous and imperfect, as I have already pointed out, and as I shall take occasion to show more fully in the sequel. A person who grows deaf and dumb is not necessarily of unsound mind, any more than a man when he becomes blind.

The leading provisions of the law of Scotland for affording relief to those who labour under mental disabilities, are

based on the obvious and important distinction which subsists between those instances, where, from an absolute defect of capacity, the person, as well as the property of the person, requires protection; and those instances, where, from the deficiency being only partial, personal protection is not called for, and the application of a less stringent remedy will suffice to secure the property against the craft of others, or of his own mischievous exercise of the ordinary powers of administration.*

There are two classes of persons who thus labour under mental disabilities, according to legal authorities. The first of these comprehends every one who is "fatuous, and naturally an idiot; or furious, mad, and a lunatic." The second class again comprehends those who, though not altogether so devoid of reason, as to be quite incapable of acting for themselves in the minor affairs of life, are, nevertheless, from weakness of judgment, considered fit subjects of restraint to a limited degree. The first class are defined by Erskine, "fatuous persons, called also idiots, who are entirely deprived of the faculty of reason, and have a uniform stupidity and inattention in their manner, and a childishness in their speech, which distinguishes them from other men; and this distemper of mind is commonly from the birth, and incurable." Now this definition is erroneous; it is not a proper description of idiocy, but more properly speaking of imbecility. But independently of this objection, deficiency of mind, in many individuals, is found to be even greater than here indicated, not being a congenital condition, but the consequence of disease of the brain, of long continued insanity, and of a variety of other causes to be subsequently pointed out.

Erskine describes the second class, or those who "cannot

* Colquhoun.

be said to be deprived of judgment, for they are frequently known to reason with acuteness; but an excess of spirits, and an over-heated imagination, obstruct the application of their reason to the ordinary purposes of life; and their infirmity is generally brought on by sickness, disappointment, or other external accidents, and frequently interrupted by lucid intervals. Under these may be included madmen; though their madness should not discover itself by acts of fury, but by a certain wildness of behaviour, flowing from a disturbed fancy." Now this description is incomplete; it would not include every one who may call for the interference of the law in his protection, nor exclude all who do not. There are many persons of that imperfect degree of intelligence, who call for protection in the management of their pecuniary concerns, who are not, strictly speaking, fit objects of personal restraint. I do not know whether the English law acknowledges this distinction in practice.

It would seem, therefore, from the foregoing brief, and, I fear, imperfect abstract of the attempts at the definition of unsoundness of mind, which have been made by high legal authorities, that they are all imperfect, and many are erroneous.

The necessity for judging of each case upon its own merits, seems farther obvious, when we consider that it is not uncommon for individuals to simulate some form or other of unsoundness of mind, when accused of having committed some criminal act, to rid them of its consequences. We must know whether the disease be real or simulated; and this knowledge can only be obtained by a personal examination. Again, it is not to be presumed that the absence of all criminal motive is to be taken as proof of moral irresponsibility. There are cases of extraordinary perversion of mind, short of illusion or halluci-

nation, in which the individual indulges very extraordinary propensities, amounting, as they may do, to crime, but which he could very well control, and for which no motive can be discovered, except the inadequate one of satisfying a depraved disposition.

The Duke of St. Simon mentions in his memoirs, that the Count of Charalois, son of the Regent Duke of Orleans, was in the habit of amusing himself by shooting at the masons while at work upon the house tops. Had this youth been properly educated, and accustomed to place some restraint over his inclinations and propensities, instead of being encouraged to indulge every whim as it arose, he would never have *amused* himself in such a manner, even though he had felt himself safe from punishment. There are periods also, on account of the extraordinary events to which they give rise, when the general mind receives some unusual direction, when crimes upon the great scale are committed, which, if isolated acts, could hardly be accounted for upon any supposition save that of insanity.

During the storms of the first French Revolution, there appeared monsters whose appetite for blood seemed unappeasable; and so familiar had the public mind become with murder upon the great scale, and in all its forms—with the shedding of human blood; so familiar had the public mind become with the destruction of human life, that we are told by a celebrated writer, that in travelling through some of the departments of France, he observed to his horror, that the children had forsaken their old ancestral games, and were every where amusing themselves by executing cats and dogs, in the various manners they were accustomed to see human beings deprived of life.

It forms no apology for a man who deprives a fellow creature of life, that he was under the influence of violent anger, though for the moment he may have been unable to

control himself. The indulgence of the passions, to whatever that may lead, can never infer irresponsibility. It is an addition to the crime. It would be a strange defence, in a case of theft, for a man to plead the strength of his cupidity; and yet there are very various degrees of real criminality attached to the commisson of crimes by different individuals, under the influence of the same passions, as I shall have a subsequent opportunity of showing. It is no uncommon thing to see persons, who enjoy the entire exercise of a sound mind, become suddenly furious in the highest degree, under the influence of intoxicating liquors, and who, in this state, commit the most wanton excesses; and should they be unfortunate enough to commit a crime, though there can be no hesitation in admitting their temporary insanity, they are by no means to be held as irresponsible. Their intoxication was a voluntary act on their part. The indulgence to excess in intoxicating liquors is of itself a crime, and can only be an aggravation of another, to which it led. The same argument might be used in reference to the responsibility of those labouring under delirium tremens. They should be held liable to punishment for any crime they may commit. I confess I have never been able to see the difference, which some authorities seem disposed to recognise, between the moral responsibility of one man, insane from drink for the first time, perhaps, and that of another, insane from the same cause, it may be for the hundredth. Should we acquit the man of a crime which he has committed during a state of insanity produced by intoxicating liquors, which he has been in the habit of indulging in to excess, and which at any moment, it may be for years past, might have rendered him unconscious of his actions, and unable to control his excited passions?—and should we condemn the man under similar circumstances, who may never have been intoxicated before? I

confess I am not casuist enough to see the innocence of an act committed under the influence of a remote consequence, and the guilt of the same act committed under the influence of an immediate consequence, the cause of both being the same. I should hold both to be equally responsible, and though I should not, were I a legislator, feel disposed to sacrifice the life of either for any criminal act he might commit, yet I should have no hesitation in restraining the personal liberty of a habitual drunkard; not more for the sake of society than his own. Temporary insanity may be produced by other agents as well as intoxicating liquors. But I need not illustrate the subject farther.

But not only may various physiological agents so affect the nervous system as to produce unsoundness of mind, but the same consequence may ensue from various diseases.

Delirium is a symptom of inflammation of the brain and its membranes, of typhus and other fevers; and it occurs during the course of a great many other diseases, and towards the termination of many which end fatally. This state of delirium is sometimes attended with outrage and fury, though more commonly it presents a milder form. The person is of unsound mind, however, and quite irresponsible for any act he may commit. The medical jurist is frequently applied to, towards the close of life, to say whether the person is in such a state of mind, in consequence of the bodily ailment under which he is labouring, as to be capable of executing a deed that shall prove valid. This is frequently a matter of no little difficulty. It is very difficult to know how far the mental powers have become deteriorated by the physical disease, and the difficulty is increased by the reluctance which one naturally feels to harass the patient by questions at such a moment. It is not an uncommon occurrence for patients who have

been long insane, to recover their reason a short time before death. This subject will be referred to in the sequel.

Some men display so much eccentricity, such peculiarity of temper, conduct, and habits, that it is very difficult to draw a line of distinction between them and the insane. It is very difficult to determine whether the peculiarities which we may observe are not the symptons of insanity. Independently of this, however, no man has any excuse for the commission of a criminal act merely because he conducts himself differently from the majority of mankind —because he is peculiar in his habits, tastes, and occupations—because he is wayward in his temper, and so forth; but the question is, do these peculiarities amount to a certain proof of insanity? There are states, also, of imperfect consciousness, and examples of momentary impulses, concerning which the medical jurist may be called upon to give an opinion. In every case that may occur, concerning which any doubt shall arise as to the soundness or unsoundness of mind of the individual, whatever may be the presumed nature of his malady, we have but one course to pursue. We have to examine the person himself—we have to try the various faculties of the mind—we have to ascertain in what manner the mental operations are conducted, precisely as we should examine the structure and function of any organ of the body which we suspected to be the seat of disease. Now, this examination ought to be conducted, and an opinion arrived at, regardless of all the legal definitions of unsoundness of mind which have been proposed. In the case of crime, when the plea of insanity is urged, we should no more be guided in forming an opinion as to moral responsibility, because the person acknowledges a distinction between right and wrong, as we have no means of knowing that he really has a moral perception of what is right and of what is wrong, than in

cases of deficiency of intellect we should form an opinion of his being of unsound mind, because he was ignorant of arithmetic. I have known a patient questioned as to his ideas of a Supreme Being, and as to his moral perception of right and wrong, who did not know the days of the week. Having made an examination of the case, repeatedly, if we have any difficulty, and having formed an opinion as to the soundness or unsoundness of mind of the person, our evidence should be given accordingly, disregarding all descriptions, all standards, all legal definitions whatever. It is of importance, therefore, that the medical jurist should be familiarly acquainted with the phenomena of insanity, as these are presented to him in their numerous forms, and in their great variety of intensity.

We shall endeavour, in the first place, to point out the more prominent features of insanity in general. We shall then describe the disease under its various forms; and we shall endeavour to make an application of medical jurisprudence to the respective forms of alienation of mind.

CHAPTER II.

INSANITY.

The attempts of medical writers to define insanity, have not been more successful than those of legal authorities to define what constitutes unsoundness of mind. It is, perhaps, not possible to propose a definition which shall be both positively and negatively correct; that is, which shall include all who are insane, and exclude all who are not. No definition, unless it do this, can be of the slightest value.

Struck, apparently, with the fact, that all insane patients are not absolutely deprived of the power of reasoning, Locke remarked, that madmen mistake their false ideas for truth, and commit the same error that men do who argue right from wrong principles. A number of definitions have been founded upon this observation of Locke; and yet it contains a most obvious error. If some madmen reason correctly from erroneous principles, there is no sane man who does not. Insanity has been described by many writers as "a state of disease in which the sound and healthy function of the faculties of the mind is impeded, or disturbed." It is unnecessary to point out how far such a definition is from being either positively or negatively correct. It is useless to pursue the subject farther. It would be absurd on our part to attempt to do

that which has hitherto failed in so many eminent hands, and which would assuredly fail in ours.

In investigating the fact of insanity, our opinion is formed from certain peculiarities which we observe in the intellectual, moral, and physical condition of the individual, which are believed to indicate mental alienation, and which we shall briefly consider.

It is almost unnecessary to premise, that it is through the medium of our senses that a communication exists between our minds and the external world. These communications are submitted to the analysis of the intellectual faculties, which have been called the internal senses, the chief of which are attention, perception, memory, association, comparison, imagination, reason, and judgment. I do not enter into any controversy as to whether these are all essential faculties, or whether some of them are merely modifications of the others; and I take it for granted that the mode of their operation is sufficiently well understood. When all these faculties, collectively, perform their functions in a healthy state, and when the organs of sensation perform their offices faithfully, the result is a state of sound mind. Now, if we enjoy a sound mind in consequence of the healthy function of all our faculties, intellectual and moral, we must become of unsound mind in consequence of the deficiency of these faculties, of their non-existence, or of their disease. The senses each, or all together, may perform their offices imperfectly. It is no uncommon thing for persons to fancy they see objects which do not exist in reality; and this deception equally applies to all the other senses; but such persons are not insane; they may be perfectly aware of the illusion, the error being corrected by the conjoint healthy function of the other senses, the faculties of attention and comparison being at the same time in a sound state. But

if all the senses had given false indications, and if those faculties had been diseased at the same time, it is impossible but that insanity must have ensued. There are many curious cases in which the senses perform their functions imperfectly, and convey incorrect representations of those objects of which they take cognizance; or they convey, or seem to do so, representations of objects which do not really exist, and these false communications being submitted to the analysis of the intellectual faculties in a sound state, the error is at once recognized and acknowleged. But if the error, in consequence of disease of the intellectual faculties, had been received as truth, acts and opinions must have been founded upon these false communications, and the person would have been insane.

Instances of these peculiar illusions depending upon disorder of the nervous system, or some excitement of the imagination, or of the passions, are far from being of rare occurrence: the objects represented have been as vivid and distinct as if they had been real; they have, in some curious instances, assumed a variety of forms, and been extended in a series of connected events, with change of scenes and persons, and all the while the individual has been conscious that the objects which he fancied he saw, and the sounds which he fancied he heard, had no existence. The sense of touch alone remaining in a sound state might convince him of this. The case of Nicolai the bookseller of Berlin, is well known, as related by Dr. Ferriar, and quoted by Haslam. The case of Pascal is equally well known. Ben Jonson the poet told Drummond of Hawthornden, that he frequently fancied he saw the Romans and Carthagenians fighting on his great toe. Sailors long confined on ship-board, fancy that they see green fields in the ocean, and the natives of mountainous districts, when long resident in a flat country, fancy they

behold mountains raising their heads to the sky. Now, if such persons had not the means of correcting these erroneous perceptions, they must believe them to be real, and they must become insane. In these cases the faculties of attention and comparison remaining in a sound state, correct the errors of perception. Illusion may exist without the intellectual faculties being diseased, just as the acuteness of the senses is found to diminish, not unfrequently, without the mental powers participating in the decay.

Now, the faculties of the mind likewise may become diseased; some one or other, or all, or some combination of them may perform their functions erroneously, imperfectly, or not at all; and these states may or may not be accompanied with imperfect function of the organs of sense. But although disease of sensation is corrected by the sound state of the mental faculties, the converse of this is not true, for disease of the intellectual faculties is not remedied by the sound state of the organs of sense, as is familiarly illustrated in the well known case of the hospital patient, who fancied that the hospital in which he was confined was his residence, its servants his attendants, and so forth, yet who confessed that notwithstanding all his magnificence, and his being attended by the first-rate cooks, yet every thing he ate tasted of porridge. Esquirol relates the case of a patient who was allied to the family of Napoleon; he believed that all those who came near him were members of the imperial family; he got into a passion whenever he saw the servants performing any menial duty. He would throw himself at the feet of one of them whom he took for the Emperor, and ask pardon and protection. Esquirol one day bandaged up his eyes, and instantly he became calm and tranquil, and spoke reasonably of his own illusions. The same thing happened in subsequent experiments; and for twelve hours, upon one occasion, when the

bandage was retained for that length of time, he continued well; but as soon as he was permitted to see, his insanity returned. Disease of the intellectual faculties is, however, frequently connected with derangement of sensation. The insane see things which do not exist, they hear imaginary sounds, will maintain, for long, imaginary conversations, and the senses of taste, smell, and touch are liable to be affected in the same manner. The insane are incapable of comparing correctly one object with another, so that they make mistakes regarding the qualities and relations of different objects, and thus form wrong judgments. I have seen an insane patient handling live coals with the utmost apparent indifference; and many instances are recorded where they have inflicted the most cruel tortures upon themselves, without being apparently conscious of pain in the slightest degree. In these cases the senses as well as the faculties of attention and comparison must be diseased. They either do not suffer pain, or they do not refer the pain, which one would suppose must be communicated, to the proper cause; most probably transferring it to some of their own hallucinations. Association seems one of the intellectual faculties peculiarly affected in insanity; the ideas of the insane are altogether incoherent; their conversation is diffuse, and one subject, or one sentence, or one idea has no relation to that which immediately went before. It is not easy to account for one idea occurring in preference to another. It is difficult to know how any particular idea has been conceived; and the whole thing, in all probability, depends upon such a diseased state of the faculty of association, that one idea may seem to resemble the precedent, though there be no real connection between them.

I remember to have read, long ago, the letter of a lady of unsound mind to a friend, in which a curious instance of imperfection in the faculty of association occurred, the

faculty of attention being most probably disordered also. The letter contained a quotation from scripture, and after transcribing the words to which she wished to call the attention of her friend, she gave a correct reference to the part of the Bible where the passage was to be found; thus, Philippians iii. and 7. and immediately added, "These islands lie in latitude north —, longitude —;" most probably referring to the Philippine Islands.

Now, it appears from what has been said, therefore, that the senses perform their functions incorrectly; that the faculties of attention, comparison, and association, &c., are likewise in a diseased state, and the person of course is insane. But it is not to be presumed that in every case of insanity, all the intellectual faculties are in such a state of disease as to be incapable of performing, in some degree, their usual office. There are cases of general insanity in which the function of no one of the faculties of the mind can be observed to be performed, even in the most imperfect manner. There are other instances in which all the faculties seem to be annihilated; no mental operation, so far as we can judge, is capable of being performed. But it far more frequently happens that the mental and moral powers are partially diseased, or partially destroyed. Now, the degree of this state of disease or decay is very various, and the kind of it is equally so: these varieties most probably being dependant upon the extent of disease in certain faculties, and the integrity of others, the combination of faculties affected, how far the senses perform their functions incorrectly—in what manner, and to what degree. For example, in reference to the sense of sight, whether objects appear larger or smaller, of what colour, at what distance, and so forth. The whole of the faculties of the mind are liable to become diseased; they may each or all of them be affected,

and they may be diseased in various degrees, and in various combinations. This combination may unite disease of the intellectual with the moral faculties; and I believe it is no uncommon thing to find cases, in which, along with depravation of some of the faculties of the mind, there is exaltation and increased power of some other; as, for, example, the imagination.

Esquirol, and others, have referred all forms of mental alienation to disease of the faculty of attention, to which an English writer has added, "when that includes or induces disease of the comparing faculty." The faculty of attention is certainly one of the most important; it is by it that we are conscious of the operation of all the other mental powers; but I should not be disposed to believe that there is no other mental faculty, through disease of which, in the first instance, insanity might not occur; and I do not doubt but that disease of some other faculty, including or inducing disease of another, and accompanied with morbid sensation, may likewise give origin to mental alienation.

"But," asks Prichard, "in what disturbance of the understanding itself does insanity consist? What particular intellectual process is that which undergoes the peculiar modification characteristic of madness? And what precisely is this modification?" It must be confessed that to these inquiries nobody has yet given a satisfactory reply. "Perhaps," the same writer remarks, after quoting the observations of M. Guislain upon this subject "we may observe in general, that the power of judging and reasoning does not appear to be so much impaired in madness, as the disposition to exercise it on certain subjects. There is often an unwillingness to admit any evidence which appears contradictory to the false notion impressed upon the belief, while great ingenuity is even displayed in the attempt to find arguments which may seem to render it the more

reasonable." The remark is very valuable, as forming evidence of an unsound state of mind. I was lately consulted by a patient affected with hypochondriasm, certainly amounting to insanity, and who believed that the seat of his disease was the prostate gland. He did not know what part of the human body the prostate gland was, or where it was situated. Notwithstanding his being obliged to acknowledge his ignorance upon these points, which would have convinced a sane man of his error, he continued firmly persuaded that that organ was the seat of all his sufferings.

It may be proper to observe, that the term *illusion* has been applied to errors of sensation, *hallucination* being considered an intellectual phenomenon, altogether unconnected with the organs of sense; that hallucinations may exist although the organs of sense have been destroyed, or rendered incapable of any function. Thus, when a deaf man becomes insane, he may fancy he hears voices, or a blind man may believe that he sees objects; but would these illusions with respect to the senses of seeing and hearing exist, had he never seen or never heard? I believe it would be impossible. No such example, so far as I know, is upon record. We shall adopt this distinction, though it is not very clear that the distinction exists. Illusion and hallucination are, at all events, very frequently combined.

But disease of the faculty of attention, errors of perception and comparison, exaltation of the imagination, and errors in judgment, do not of themselves constitute the whole condition of insanity. Something beside the intellectual faculties is to be taken into consideration; we have to remember that those important powers by which men are influenced to good or evil—the moral faculties, the passions, the affections—exercise the most important influence over the individual, not merely as a moral, but as

an intellectual being. I entertain no doubt but that disease of the moral faculties may exist when it is impossible to discover any intellectual disorder. That a man may be insane from disease of the moral as well as of the intellectual faculties, is a proposition which it seems impossible to deny; yet I do not doubt but that disease of the moral, most frequently includes or induces disease of the intellectual powers likewise, just as disease of one intellectual faculty includes or induces derangement of some other. The condition of the moral faculties is, therefore, of as much importance as that of the intellectual, and it is well known that these faculties undergo as great an alteration under disease. The affections of the patient are first observed to be estranged; those who were the objects of his tenderest regards become equally, without cause, under the influence of his malady, the objects of his hatred. This change in the affections is not unfrequently the first peculiarity which is observed upon the aggression of mental alienation. The insane display marks of jealousy and distrust, not in unison with their usual character. This latter qualification it is important to remember, because it is no mark of insanity in the abstract, to find men jealous and suspicious; too many are tormented by these bad passions, without being insane, and they become evidence of disease only, when outrageously perverse and unreasonable, and at complete variance with the former character of the individual. The insane very frequently seem devoid of all sense of shame, of all ideas of propriety; they are very frequently dirty in their habits, indelicate in their behaviour, gestures, and language; some swear most horribly; and it is very distressing to hear ladies of the most perfect delicacy and virtue, while in health, make use of the most indelicate and blasphemous language. They also lie without the slightest compunction; not a

word that they utter is worthy of the slightest credit; they will steal without the slightest hesitation, whatever they may desire to possess. They are likewise subject to furious paroxysms of anger, during which they will attack those near them with the utmost ferocity; they will tear their clothes, injure themselves, and destroy whatever comes in their reach, and whatever passion influences them, they indulge to the utmost excess. Some insane persons are observed to be always happy; they will laugh, and dance, and sing throughout the day. They seem much pleased with themselves, and with all about them. This is partly the effect of natural vanity of character, for in most cases the natural character is not so much changed as it is perverted; and partly, perhaps, because they are free from painful sensations, and probably their hallucinations are really of a joyous character. But by far the greater number are sunk in melancholy and gloom; they fancy themselves abandoned by the world; they believe themselves to have become the objects of universal calumny and hatred; and were we able to ascertain the fact, we should find, perhaps, that it is not always an original impulse—that they regard with distrust and dislike those whom they are bound by every tie to love and cherish, but, most probably, the dislike is entertained in revenge for some neglect or injury they may believe themselves to have received.

But the hallucinations of the great majority are sources of the most intense distress in many forms of the disease, which is no doubt the chief cause of their melancholy. Boswell, in his Life of Johnson, relates the story of a London tradesman who expected to enjoy himself in retirement, having accumulated a large fortune. He became insane, and, to add to his miseries as it might be presumed, he became afflicted with stone; but, on the contrary, he

refused to be sympathized with on account of this additional affliction, declaring that he felt easy in comparison of the mental agony from which it had relieved him. Some again are frightened for every thing. They are alarmed not so much on account of external objects, as from their own hallucinations. It is no uncommon thing to see them lurking in a corner of their apartment, covered over so as almost to conceal themselves entirely, and drawn into as small a space as they can possibly contract their persons; and this too, when they are totally unconscious that any eye is regarding them. Others abandon themselves to despair,—they will weep, or scream, or howl; the fit lasts for a short time, and suddenly, without any obvious cause, they are as placid as before.

A change in the tastes and habits of individuals is as frequently observed, however, as those more obvious alterations of character which I have mentioned. A complete change of a very common-place character into something the very opposite, or very different from what it was, is very often observed to precede any more important intellectual or moral change. When a sociable man flees from cheerful society, and sits moping in some obscure corner, brooding over his gloomy fancies; when the persevering and industrious become idle and careless; when the penurious become profuse; when such great changes in character as these take place suddenly, without any evident cause, disease of the intellectual and moral faculties has already taken place, or is much to be apprehended.

The character of patients labouring under insanity, it has been said, is not so much changed as it is perverted. When the proud man becomes insane, he is prouder still; he believes himself to be a king, a conqueror, a deity, a man of exalted rank and power. He is haughty and overbearing, and assumes all the dignity of the character he believes

himself to represent. The characters whom they believe themselves to represent are generally the most prominent of the age. How many Napoleons and Wellingtons our asylums have contained, it would be impossible to tell.

But it is not to be presumed that the moral faculties are always thus perverted; in many instances they are as effectually annihilated as the intellectual. The patient neither loving nor hating; neither desiring nor repudiating; and he is entirely at the will of any one who will take the trouble to direct his actions.

The insane are, for the most part, totally unconscious of their melancholy condition. They believe themselves to be in the enjoyment of perfect health; they are satisfied that their feelings are real, and that their thoughts are true; and any attempt to reason them out of their belief in their sanity, would be just as idle as to endeavour to persuade a man of sound mind, that his feelings and thoughts were unreal and untrue. The principle of belief in both is the same. This fact is of importance in reference to medical jurisprudence. There are exceptions to this rule, however. Some are well aware that their intellectual faculties are in a disordered state; and it is a symptom, almost characteristic of diseased volition, for the patient to be quite conscious of his unfortunate malady.

Georget has remarked, that the remembrance of circumstances which have taken place previous to the attack of insanity, is, or appears to be lost altogether: or, these facts and circumstances are unceasingly recalled, and become the cause or the pretext of all their intellectual disorder. This I believe to be correct, and it is a valuable fact in a medico-legal point of view, as I shall point out in the sequel; but it is not quite so clear that the same celebrated writer is so universally correct, when he continues, that the circumstances which have taken place during the dis-

ease, are minutely remembered after recovery has taken place. I have known patients, who, after recovering from an attack of insanity, have remembered every thing that happened during their illness; who have remembered every thing they did; the true motives which had determined them to perform particular acts; nay, who have been able to commit to paper long trains of the hallucinations, which they distinctly remembered to have entertained: yet that this is as universally true as Georget would have us believe, I am persuaded is not the case. He is equally wrong, I apprehend, when he supposes, that all those who deny having any recollection of what happened during the continuance of their illness, feign to have forgotten that which they do not wish to have it supposed that they do remember. Many patients, I am certain, have a very confused and indistinct recollection of what took place during the course of their illness; and others, I entertain no doubt, have not the slightest remembrance of a single circumstance.

It has been well remarked, that though the phenomena of insanity, as characterising the disease, are those which refer to the state of the mental faculties, yet other processes of the living body are disordered in many, perhaps most instances of mental alienation. The functions of the organic system, in disease, exercise peculiar influence over the intellectual and moral faculties, and a reciprocal influence is exercised, by disease of the mental faculties, over the functions of the organic system. Mental alienation seldom long exists until some physical change is observable; and, indeed, these physical changes not unfrequently precede any appreciable psychological alteration. The patient, for example, may complain of headach, singing in the ears, noises in the head, sleeplessness, pains over different parts of the body, indigestion, and so restless is he

that he is unable to remain for a single moment in one position. Some of these circumstances are as nearly allied to mental, as to physical disorder; they partake, perhaps, of both, in some measure. It is not to be supposed, that in every case of insanity there is a marked change in the physical appearance: in some cases, and in some forms of disease, the changes are not very great,—while in others, they are very remarkable. These peculiarities have reference to the appearance of the patient, as well as to such symptoms as we are able to discover, arising out of the mode in which the various organic functions are performed. These changes in the external appearance have relation to the expression, attitude, and action of the insane. The expression of the countenance in insanity, presents many peculiarities, difficult to describe, and of which a correct notion can only be obtained by our intercourse with the insane. It is, however, altogether different from what it was in health. The expression varies with the form of the disease. Sometimes it is horrific and furious, at others it is devoid of all evidence of thought. In melancholia, again, the expression of the countenance gives indication of the profoundest sorrow, and the patient presents the picture of despair. The expression of the same passion is very different in the states of health and disease of mind. The expression of the countenance in anger, even in its most intense form, is very different from the expression of fury in violent mania; and the expression of melancholy in monomania, is very different from that of sorrow in real grief; and these respective conditions are the most nearly allied. In demency and idiocy the countenance is a perfect blank, except while under the influence of transitory excitement, to which such patients are liable on provocation, as they are altogether devoid of those thoughts and emotions

which irradiate the human countenance, and impart to it the expression of joy or sorrow, which all men instinctively understand.

The eye is the feature which, of all others, has attracted the greatest share of attention, as it is the one which exhibits the greatest peculiarities. In mania it is red and furious, "brilliant, quick, and flashing fire." The same thing is observed in the delirium of disease; and the red, restless, rapid eye is highly characteristic of delirium tremens. Nothing can be more different from all this than the condition of this feature in melancholia. It is dull, despondent, languid, and stupid. When the moral faculties are diseased, the eye gives a good indication of the fact; and in cases where there is a tendency to suicide, the expression of the eye is almost characteristic. It is sometimes immoveably rivetted to the ground, or it is restless and suspicious, or it expresses that fear which the insane so frequently exhibit. The eye presents peculiarities independently of expression; it frequently indicates the existence of cerebral disease, upon which the state of unsoundness of mind may depend. In demency and idiocy, the pupil is most frequently dilated; in mania, again, it is contracted; the same thing is observed in delirium, and in delirium tremens. The pupil is most frequently contracted from the action of poisonous doses of opium, during the operation of which, the person does not enjoy perfect consciousness. During the action of some of the narcotico-acrids, on the contrary, though they cause delirium, the pupil is dilated.

The position and attitude in which the insane indulge, are very various. The position may sometimes be assumed, as Dr. Burrows has remarked, as a natural relief to the uneasy sensations they experience. Some prefer standing erect, and they are hardly ever seen to sit; others obstin-

ately adhere to a sitting posture, so much so, indeed, that their joints become contracted. It is no uncommon thing to see a whole row of insane patients sitting in the same position. That posture could not, in all these cases, have been the one instinctively assumed to relieve pain; because it is extremely improbable that the same position would relieve the uneasy feelings of all. The position is most probably adopted from imitation. Some maintain a fixed position; they will stand wherever they may be placed for hours, as motionless almost as if they had lost the faculty of locomotion altogether. By far the greater number, however, are very restless; they cannot be made to remain in one position for many seconds at a time. So restless are some insane patients, so incapable are they of exercising the slightest control, even for a moment, over the most simple organic function, that we are assured by Esquirol, he had found it impossible for the insane, seconded by the most powerful efforts they could make, to keep their eyes shut for a sufficient length of time to permit a cast to be taken of their heads.

The action of insane patients is peculiar; it is quite different, in most instances, from what it was previous to their illness. Nothing can be more graceful than their action and attitudes sometimes are, particularly when there is considerable excitement. In this they may perhaps resemble the graceful actions of man in the state of nature. Their action is sometimes commanding, or threatening, often violent; and it frequently accords very well with the character they have assumed. The action of others is peculiar; the same movements being repeated with the most wearisome regularity: and if in some instances of insanity their actions are graceful, in by far the majority of cases, it is undignified, slovenly, or disgusting;

and in other instances it is fantastic and ludicrous in the highest degree.

Some difference of opinion exists as to the muscular power of the insane, and this has arisen from not attending to the different degrees of that power in the various forms of the disease. In mania, this power is wonderfully increased; and under the excitement of their hallucinations or illusions, they are capable of astonishing exertions, quite disproportionate to the physical appearance of the patient, and of which the same man would be found to have been quite incapable while in health. In the active forms of insanity, they are capable of sustaining with impunity, the influence of such agencies as would most probably produce physical disease in a sane man. They seem insensible to the extremes of heat and cold. How beautifully Shakespeare has expressed this:—

> " Thou think'st 'tis much that this contentious storm
> Invades us to the skin; so 'tis to thee;
> But where the greater malady is fixed,
> The lesser is scarce felt.
> * * * * * * * * * *
> The tempest in my mind
> Doth from my senses take all feeling else,
> Save what beats there."

On the contrary, in other forms of the disease—in monomania, for example, in demency, and in idiocy, they are highly susceptible of the extremes of temperature.

The insane are capable of abstaining from food and drink much longer than men in health, without incurring any apparent aggravation of their malady. In the more chronic forms of the disease again, they are not only very susceptible of cold, but they eat much more than when in health. It is true, likewise, that in cases of melancholia attended with peculiar hallucinations, they obstinately

refuse all nourishment; they require to be fed artificially, and even by force, and many die from inanition. This obstinate refusal of food depends upon very opposite causes. It arises from some hallucination that they entertain about their bowels being sealed up, and that nothing will pass through them, or that the food contains poison. Some time ago I had occasion to see a young man, of apparently good dispositions, but of weak parts, who had had the misfortune to become acquainted with some religious enthusiasts, disciples of the late Mr. Irving, who had succeeded in so completely bewildering his weak intellect with some of their unintelligible doctrines, that he became insane. When I saw him, he presented the most perfect picture of melancholia with the suicidal expression, that can well be imagined. He could hardly be made to answer a question; he sat in a state approaching to stupor, with his vacant eyes fixed upon the floor; and he obstinately persisted, in spite of the most convincing evidence to the contrary, that God, as a punishment for his sins, had closed up his bowels, that, as nothing would pass through them, to eat would only aggravate his misfortune. In such cases the cause exists in the hallucination. In others they refuse food seemingly from stupid indifference; as some know not when they have enough, so others do not seem to know when they ought to eat.

The insane are capable of sustaining the want of sleep for an almost incredible length of time. In mania and melancholia, they are frequently hardly known to sleep; for days, weeks, and months they remain almost constantly awake. The excitement of maniacal fury does not produce that consequent depression which over-exertion of body and mind so frequently does in health, and disposes to sleep. When they do fall asleep, it lasts for a few minutes only, unrefreshing even while it lasts, for their dreams are pro-

bably as horrific as their waking fancies; we infer this to be the case from their sleep being short, and from their awaking to renew even a more violent accession of fury than before.

In mania the pulse is generally both quicker and fuller than natural. In the more chronic forms of the disease, it is frequently sluggish, or at least but slightly affected; and if it do present any peculiarity, that most probably depends upon some organic affection of the heart or lungs. In mania the skin is hot and dry, the face flushed, the temples throbbing. In monomania it is most commonly colder than natural; patients in this form of the disease almost constantly complain of the sensation of cold of the hands and feet; the skin is harsh, and they perspire with difficulty even in hot weather, and during exercise. The function of digestion is almost invariably disordered; the bowels are for the most part constipated. The insane are frequently paralytic; and in idiots there is no end to the physical defects which are observed. They are paralytic, rickety, deaf and dumb, blind, scrophulous, and they very frequently present some defect of symmetry. I shall treat of the physical condition of the insane, and of the changes observed in the organic functions, when I describe the various forms of mental alienation more particularly.

CHAPTER III.

THE CAUSES OF INSANITY.

The causes of insanity may be divided into the predisposing and exciting, the physical and moral; and I shall make some general remarks upon each of these divisions.

Predisposition.—A hereditary predisposition to insanity is one of the most authentic facts in its history. We derive some peculiarity of organization from our ancestors in particular tissues, which renders us peculiarly liable to suffer from the same diseases which have afflicted them. This, it is well known, is true of diseases of a purely physical character, and it is equally true when applied to intellectual and moral derangement. In investigating, therefore, the state of mind, in any particular case, in reference to medical jurisprudence, an inquiry should invariably be instituted as to whether the person has a hereditary predisposition to insanity or not. We are not to expect, however, to find that the particular form of the disease, shall be transmitted from parent to offspring, though even this is no uncommon circumstance; and single families have been known to present almost every form of mental and cerebral disease within its own circle. The proportion of the insane who have a hereditary predisposition to the disease, has been variously stated by different authorities. It is found, from obvious reasons, to exist more frequently among the rich than among the poor. Esquirol remarks,

that it is the most common of all the predisposing causes of insanity, and that even among the poor he has found a sixth part of them to have a hereditary tendency to insanity. He admits, likewise, that it exists much more frequently than we are able to discover, both among the rich and poor. The predisposition is increased by the disease existing in a long line of ancestors, in both parents, and so forth; and Esquirol has stated that the predisposition is more readily transmitted through the mother than the father. Some English writers have stated the proportion of the insane who have inherited a predisposition to this malady as much greater than might be expected from what has been said upon the authority of Esquirol in reference to the poor. Dr. Burrows says, that he has found a hereditary tendency to insanity in six-sevenths of his patients. The disease not unfrequently presents itself at the same period, is produced by the same class of exciting causes, and frequently presents the same peculiarities in the offspring that it did in the parent from whom it was inherited. Many examples might be quoted in proof of these facts. Dr. Rush mentions a curious instance of his belief in this on the part of a general who served in the American army during the revolutionary war. This gentleman expressed to a brother officer, who informed Dr. Rush of it afterwards, a wish that he might not live to be old, that he might die suddenly, and that, if he married, he might have no children. In explaining his reason for these wishes, he said that he was the descendant of a family in which madness had sometimes appeared about the fiftieth year of age, and that he should not like to incur the risk of inheriting and transmitting it to a family of children. He was gratified in all his wishes. He fell in battle between the thirtieth and fortieth year of his age, and he left no children, though he had been married

several years before his death. It is important to remember that children born before the appearance of mental alienation in the parent are less likely to be attacked by the disease than those born after to it.

We are assured by Cox, that drunkenness on the part of the parent operates as powerfully as insanity itself in communicating a predisposition to mental alienation in the offspring. Some entertain the opinion that the children of parents advanced in years are more predisposed to insanity, than the descendants of persons in the vigour of life. I do not entertain any doubt of the fact; and the remark, I believe, may, with equal truth, be extended to the issue of parents of debilitated or depraved constitution, from whatever cause that may have arisen.

Fright experienced by the mother during pregnancy has been regarded as a circumstance capable of imparting to the offspring a predisposition to mental disease. Many examples have been brought forward in proof of this fact, the authenticity of which I no more doubt, than I do the inference derived from them. This cause seems to me to operate by influencing the organization of the brain and nervous system of the fœtus in utero, which renders the individual thus descended more susceptible of the influence of exciting causes. The development of the brain and nervous system is as likely to be influenced by moral as by physical causes, affecting the mother during gestation. The manner of this influence, however, is purely physical. The moral cause is not in every instance confined to moral effects in the mother; it is extended to the physical organization of the fœtus; and in this way, the offspring may, during its future life, be rendered more predisposed to insanity.

Pregnancy is a period, during the course of which, women are subject to a long train of nervous disorders; and

they are likewise predisposed to insanity. They not unfrequently exhibit peculiarities of temper and conduct, which appear only upon these occasions, while their irregular desires and appetites sometimes approach to evidence of unsoundness of mind. The peculiarities which they exhibit during the course of gestation, are not always confined to those of temper and conduct; they are frequently maniacal. They have been known to commit suicide, and to suffer from the various forms of monomania. Some women present a peculiar languid and melancholy appearance during the whole course of their pregnancy. They are constantly anticipating evil, and dread the approaching period of their confinement very much—much more than upon any previous occasion, without being able to afford the most distant reason for their alarms. Every accoucheur must have met with such cases; it is the effect produced by the influence of the organs of reproduction, during pregnancy, upon the brain and nervous system, and is to be considered so far an approach to hallucination.

Delivery has much more influence in predisposing to mental alienation than pregnancy. This has uniformly been regarded as a period when women were peculiarly predisposed to attacks of insanity. The fact is undoubted. It is a period when women are highly susceptible of deep moral impressions, and if to these be added the influence of the peculiar condition of the organs of reproduction, as well as of those for the nutriment of the new born child, upon the brain and nervous system, they will explain wherefore delivery should be considered as affording a predisposition to attacks of mental alienation. There are many instances in which women have expressed an aversion to see their children after birth, in which they have not been able to be prevailed upon to look at them for a considerable period. There are other instances in which they have laid violent

hands upon them almost immediately after delivery, under the influence of maniacal fury; and there are instances occurring daily, in which they exhibit peculiarities of temper and conduct; all of which can only be accounted for upon the supposition of temporary insanity, produced, no doubt, by a union of moral and physical causes. There are instances, I believe, in which the pain they have suffered during labour has been sufficient of itself to excite the disease. Some have supposed that the period of delivery predisposing to insanity is to be accounted for upon these grounds, that after women become mothers, the time is arrived when they can no longer hope to be objects of as much devotion as they have formerly been, and that the desire of admiration being as strong as ever, they become insane from mortified vanity, just as austere devotion, when age comes on, in characters of more strength, succeeds to gallantry, and in those of inferior station and of ill regulated minds, when their personal appearance ceases to be attractive, they drown their mortified sensibilities in drink. This explanation I do not think satisfactory. The predisposition to insanity at this period depends upon physiological causes; upon the influence of the parts devoted to the purposes of reproduction and to the nourishment of the newly born child, in their peculiar states immediately after delivery, upon the brain and nervous system, rendering the individual highly susceptible of insanity. This seems farther to be proved by the well known facts, that women at the menstrual period are more predisposed to attacks of mental alienation than during the intervals. Thus at these periods they not unfrequently exhibit a certain degree of violence in temper and manner, not at all in accordance with their usual character; that women nursing children are peculiarly predisposed to alienation of mind, as well as at the period

when lactation ceases; that pregnant women not unfrequently become insane; that many women at the period of delivery, and at no other time, are of unsound mind. That these attacks in the great majority of instances, take place within a few days of delivery, or upon the cessation of the lochial discharge. That such attacks are more frequently and more easily cured than others, and that their duration upon the average is greatly shorter. The interest attached to a new relation, that of becoming a mother, a circumstance generally so ardently desired, is far more than enough to compensate for any little mortification they are likely to experience from their persons being less attractive.

The time when the menstrual secretion ceases, has also been regarded as one which imparts a predisposition to attacks of mental alienation. An attempt has been made to explain this upon similar grounds, equally, in my opinion, as unsuccessfully. The physiological changes which take place at this period, are sufficient to explain the reason of women being peculiarly susceptible of the influence of the exciting causes of insanity. Women, at this critical period, are more subject to disease of various kinds than previously to it, or than after it has been fairly passed. They are very liable to hysterical and nervous complaints; but that there are individuals who set so much value upon personal beauty that the loss of it might give rise to such deep moral impressions as to produce insanity, I am not disposed to deny. There have been individuals who have had the courage to confess, that for years, after having recovered from small-pox, they had not been able to look at their faces in a mirror, for fear of the impression, which their features, altered by the disease, might have produced upon their minds. Every one is acquainted with the confession of Lady Mary Montague, that she had not seen her face in

a mirror for eleven years, solely from inability to bear the mortifying contrast between the time when she was conscious of her beauty, and the time when she was equally conscious that she no longer possessed any. It is not to be denied that the disfiguration of the countenance by small-pox, by the loss of an eye, and other causes by which the beauty of the countenance has been destroyed, has produced so much chagrin as to terminate in insanity. But it must be remembered, that this may occur at any age, in either sex, in savage as well as civilized life, and that it is an exciting, not a predisposing cause. Dr. Rush mentions that a North American Indian became insane, and committed suicide, in consequence of seeing his face in a mirror, after an attack of small-pox.

Age as a predisposing cause of insanity. There are many examples of children of very tender age becoming insane. We have instances recorded of children of nine, ten, eleven, and twelve years of age being insane, and in one case at least, as early as two. Such a case is altogether unprecedented, if authentic; and even when unsoundness of mind occurs, previous to the period of puberty, it is most generally connected with cerebral disease, and is more allied to delirium than to insanity. Children born with the usual mental manifestations, who have presented the usual degree of mental activity, not unfrequently become imbecile after suffering from the convulsions caused by dentition, or gastro-intestinal irritation, particularly when the fits have been severe, or long continued. Terror, experienced by children, has not unfrequently been known to have the same effect. But generally speaking, it is rare to see instances of insanity previous to the period of puberty, and these cases almost invariably depend upon some pathological or physiological cause. In girls, however, upon the appearance of the menstrual secretion, insanity

is not so very rare; or if it be delayed beyond the usual time for its making its appearance; or if it be attended with any peculiarity; or even independently of any of these circumstances being in operation, as far as we are able to discover. Girls at that period are not unfrequently temporarily insane: they are tormented with some fixed idea, and while under the influence of this particular state they have certainly committed criminal acts. In youth and middle age the more acute forms of insanity present themselves; and in advanced age, when the physical powers decay, the intellectual and moral faculties suffer deterioration likewise. The organs of sense become obtuse; the attention and memory are equally depraved; the old man will repeat the same monotonous words at the end of every minute, totally unconscious that they ever passed his lips before. In the decay of all the faculties of the mind, and organs of sense, we have that form of diseased mind called by some writers *dementia senilis;* any more acute form of mental alienation in advanced old age, though by no means an impossible occurrence, is, however, a rare one.

Sex.—It seems to be admitted, that women are more predisposed to insanity than men; and in the former the disease is more commonly excited by causes which belong exclusively to their sex. It is proper to be aware, however, that Esquirol has shown that the disproportion between the sexes is not so great as some have supposed; and in taking an extended view of the subject, the proportion is found pretty much to accord with that which exists between the sexes in the aggregate population. It is likewise true, that the proportion between the insane of the two sexes is not found to be the same in all countries, and this even varies in the same country, at different periods. This must arise from circumstances occurring at

particular periods, which have a greater influence upon the general mind and character of the one sex than the other. The opinions and pursuits of the age have as much influence over the insane, in determining the particular form of the mental disease, as they are well known to have over insanity itself. This may cause some difference in the proportion between the number of insane of the respective sexes at different periods; and it may be inferred, if there prevail a much greater proportion of the insane belonging to one sex, in any particular country, than from an extensive examination of the subject it is found there ought to do, the cause may generally be referred either to some peculiarity in the institutions of that country, or to the education and pursuits of the particular sex which furnishes a disproportionate number, being imperfect, peculiar, or vicious. Periods of great political excitement, and of mercantile speculation, it may be presumed, chiefly affect the male sex; and during these times, most probably, the proportion of males will be increased; whereas, there are predominant influences which are known chiefly to affect the female mind. If more men than women become insane from political excitement, and mercantile speculation, it may with equal truth, I apprehend, be assumed, that a majority of Joanna Southcotte's disciples were women.

Climate and *Seasons* have been referred to as predisposing causes of insanity. It is extremely difficult to ascertain the precise influence of these causes, independently of that of others which may be in operation at the same time. It is no proof that climate, for example, has any specific influence, because more insane patients are found in certain geographical positions than in others; we must take into consideration likewise what general social circumstances were in operation at the same time, and how

far these ought to be considered as predisposing or exciting causes of insanity. The more salubrious the climate, generally speaking, in reference to other diseases, the more likely are we to find the fewer cases of insanity, other things being equal. The remark holds good as to season, and the old controversies as to the prevalence of insanity in cold or hot latitudes are, I believe, of no importance whatever. Climate and season have but little influence in comparison with other causes. Exposure to intense cold, or insolation, has no doubt occasionally given rise to insanity. But these are, properly speaking, exciting and not predisposing causes; and the disease induced by insolation is more nearly allied to the delirium of inflammation of the brain than to insanity.

There are a variety of other circumstances, besides those which have been mentioned, which may be regarded as affording a predisposition to insanity. Such may be said to be natural depravity of disposition, which has not been restrained or corrected by moral culture; the indulgence of the passions to excess, whatever these may be, without any attempt at control; neglected or vicious education, both intellectual and moral; the indulgence in intoxicating liquors or narcotic drugs, and in a baneful solitary vice;—whatever causes, in short, shall have the effect of debilitating the physical, the moral, and intellectual faculties, must be held as communicating a predisposition to some form or other of unsound mind. But independently of these moral vices, there are others of a strictly intellectual character, which likewise predispose to insanity. It is well known that over-exertion of the intellectual faculties not unfrequently act as an exciting cause of the disease, and the improper direction of these faculties will be more likely to predispose to its attacks. Thus it is found that the indul-

gence of the imaginative over the reflective faculties——the exclusive direction of the mind to a single or a limited range of objects, particularly if the object to which the mind is exclusively and ardently directed be of a speculative kind, such as metaphysical inquiries; all these afford a certain degree of predisposition to insanity. Pinel has long ago proved, that more poets, painters, sculptors, and metaphysicians become insane than those who devote an equal degree of intellectual application to the study of natural or mathematical sciences. Periods of bold mercantile speculations, which alternately agitate the hopes and fears of the speculators, whether their termination shall be fortunate or adverse; of public events, which excite intense anxiety in their issue; of revolutions in the political institutions of a country; or even independently of this, of change in the general habits and opinions—when society becomes, as it were, new-modelled, powerfully predispose to alienation of mind.

But the general predisposing causes, which have been thus briefly pointed out, are not nearly so prevalent or powerful as individual character, both intellectual and moral. In the physical, the moral, and intellectual constitution of men, there will be found peculiarities which far more powerfully predispose to insanity than the general causes to which I have referred, the precise influence of which, besides, it is not easy to appreciate. A single illustration will suffice. Some men get rid of their misfortunes, in a great measure, by talking of them. There is so much indifference in the character of others, that real calamity is hardly felt by them, so that it does not interfere with their present comfort; and there seems a buoyancy and elasticity of mind in some which misfortune cannot subdue; while many have the happy faculty of looking at the sunny side of events, constantly anticipating better

days, and which no succession of disappointed hopes is capable of repressing. There are others, on the contrary, who are so sensitive in their dispositions, that they cannot be made to communicate their sorrow to others, who seek no sympathy or assistance from their fellows, and who brood over their misfortunes till it ends in hallucination. There are some who are constantly anticipating evil; they cannot enjoy the present good which attends them for anticipating some misfortune which is barely within the range of possibility. They keep themselves and all within their sphere in constant misery with their evil forebodings, while many regard every event which happens to them as a misfortune: it might have been better in their eyes for no better reason, apparently, than that it might have happened otherwise.

Such a difference in individual character will illustrate the influence which that must necessarily have in predisposing to insanity. For predisposition to alienation of mind, therefore, it seems to me that we have chiefly to look to the individual temperament, which applies as well and as truly to the mind as to the body.

EXCITING CAUSES OF INSANITY.—PHYSICAL.

The exciting causes of insanity are the physical and moral. The former may be divided into the physiological and pathological; but I shall consider the subject under the general term of physical causes. It is not very easy to distinguish accurately between the predisposing and exciting causes of insanity. They are always combined, and the same cause may sometimes be properly enough regarded as a predisposing, and at others as an exciting cause of the disease, and *vice versa*. The physical causes are such as act either directly upon the brain and nervous system, or they produce their effects indirectly from the sym-

pathy of this organ with some remote part under disease. Malformations of the brain, defects of development of this organ, injuries of the head which shall either have destroyed the healthy structure of the brain, or have induced a disease the consequence of which is, a certain degree of disorganization of this part; all these circumstances may occasion unsoundness of mind. Other causes produce the same effect; such as exostosis, from the internal surface of the cranium pressing upon the brain, tumours in the brain itself, and a great variety of organic alterations in the brain and its membranes, in their connections with the bone and the brain, whatever morbid condition may have occasioned these organic affections. Apoplexy, palsy, epilepsy, convulsions of all kinds, and from whatever cause they may arise, if severe or long continued, exposure to excessive cold or intense heat, starvation, and so forth, are all causes of insanity. It is, however, most probably from the influence of starvation, in a great measure, as an exciting cause of insanity, that we read the melancholy details of the conduct of shipwrecked sailors. The horror of their situation acts probably as a moral cause upon the brain and nervous system, weakened, as we must suppose them to be, by watching, fatigue, and hunger. Intense pain, prolonged fatigue, and watching, have all been known to act as exciting causes of insanity. It is impossible, and indeed unnecessary, to point out all the causes of insanity which are to be found in the sympathy of the brain and nervous system with organs remotely situated, in a diseased state. These diseased conditions sometimes have reference to functional derangement alone; at others, to structural as well as functional disease. The organs with which the brain most readily sympathizes are, the stomach, liver, intestines, and uterus. Insanity, likewise, frequently arises from the suppression of some accustomed discharge,

from hæmorrhoids, from the nose; the stoppage of the lochia or the menstrual discharge, or irregularities in these secretions; the cessation of lactation; or of the disharge from issues or ulcers. Insanity may occur during the course of a great many diseases: it may alternate with others; while it is not to be forgotten that the accession of a smart attack of bodily disease has not unfrequently produced beneficial effects upon the mental disorder which existed.

EXCITING CAUSES OF INSANITY:—MORAL.

The most obvious causes of insanity are those moral influences, emotions, or passions which impress every human being to a greater or less degree. Every circumstance which is capable of making a deep impression upon the mind may be regarded as a moral cause of insanity. It is unnecessary to enumerate all those circumstances, as indeed it is not possible to know what object of apparently trifling importance shall make a profound impression upon the mind of some individual, which shall absorb his undivided attention, and confine his thoughts within a very narrow circuit, and ultimately cause insanity. There are many moral impressions which are well known to act as causes of insanity; when they are violent in themselves, or intensely felt, or when they lead to disappointment, and even independently of that qualification. Such may be said to be all the passions of the mind, when intense or long continued: disappointed love, terror, pride, ambition, violent anger, jealousy, pecuniary losses, irregular aspirations, and all the many miseries which are generally included under the name of domestic misfortunes, are to be considered as moral causes of insanity when they are long and deeply felt, or if the patient be highly predisposed to derangement of mind. It is proper for the medical jurist to keep in

remembrance that some of the moral causes occasionally act with almost incredible rapidity. Terror and violent anger occasionally act with such rapidity as to cause instantaneous attacks of mania, and even sometimes to destroy almost completely the intellectual powers altogether. We cannot hesitate to believe this, when we know that violent emotions have not unfrequently been known to alter almost instantaneously the appearance of parts of the body, which one would think but little under the influence of moral impressions. The same causes sometimes produce, in those not predisposed to insanity, sudden and violent attacks of physical disease, such as convulsions, fainting-fits, and even death itself. The moral impressions which arise from jealousy, from disappointment of whatever hopes may have been entertained, domestic calamities, grief, &c., act in a different manner, at least much more slowly. The mind broods over its own disappointments, or the calamities and griefs which have been experienced, and when this is long or keenly indulged in, the result is not unfrequently an attack of insanity. Excessive joy has likewise been known to cause sudden attacks of mental alienation. But joy may cause insanity even though it do not produce such instantaneous effects, as in some rare cases it has been known to do. Instances are not of very unfrequent occurrence where men have become insane shortly after the fulfilment of every desire of the heart. When the good fortune comes upon the individual unexpectedly, if the mind be weak, or ill-regulated, or if in any other respect the person be predisposed to derangement of mind, and if he indulge in debilitating vices subsequently to his accession to wealth, these form a union of so many circumstances which have more or less influence upon the production of insanity, that we cannot hesitate to believe that joy of this kind will frequently

act as a moral cause of alienation of mind. Many cases have occurred of persons committing suicide immediately after succeeding unexpectedly to wealth, after drawing prizes in the lottery, and so forth.

If we admit that excessive joy may act as a moral cause of insanity in some instances,—which, however, are not of very common occurrence, and Esquirol seems almost inclined to deny the influence of such a cause altogether, though without good reason, as it appears to me,—there can be no doubt whatever of the great influence of sorrow as a moral cause of mental derangement. It does not act so instantaneously as some of the more violent mental emotions; and yet, in some instances, grief has been known to produce very immediate effects. When the misfortune comes unexpectedly—when the tidings are suddenly communicated—in the midst of confident anticipations of good fortune, the immediate impression may be so intense as to cause almost instant aberration of mind. This, however, is not the usual mode of the operation of grief. It produces its effect upon the mind more slowly; giving rise, in the first instance, to seclusion and melancholy; the impressions which have been produced recur frequently, they are continually dwelt upon, and the mind thus gradually familiarizing itself with painful ideas, comes to entertain no other; the person foregoes his usual exercise, avoids all cheerful society, his appetite becomes bad, his digestion depraved, his sleep departs, and to these symptoms hallucinations very soon succeed.

It is unnecessary to inquire too minutely into the individual emotions or passions, which, when long indulged, or intensely felt, may cause insanity. The intellectual and moral faculties are liable to become deranged from diseased states of the organic system; so likewise there can be no doubt that the functions of the brain and nervous

system are liable to become diseased from causes of a purely psycological character. To these latter, some writers have referred all the causes of mental alienation, and it seems the prevailing opinion among continental authorities, that they form the great majority of the causes of unsound mind. The preponderance is not believed to be so great by the best writers in our own country, and I have no doubt this view of the subject is the correct one.

But the moral causes of insanity, and those the most powerful of all, are not to be sought for in the indulgence of the passions of the mind, in violent mental emotion, or in the intense application of the intellectual faculties to speculative pursuits and studies; but in general causes operating upon the public mind, under peculiar political or social relations. These general causes, which are well known to produce important effects upon the human mind, and which sometimes even tend to derangement of its faculties, are political commotions and revolutions, and extremes of religious opinions; and I shall briefly consider the influence of each of these general causes, which, it is proper to remark, may at one time be so intense as to come under the denomination of exciting causes, and at others, cannot be regarded in any other light than affording a predisposition to the disease. The period of violent political commotions has always been one which has produced more than its average number of cases of insanity. This depends upon two causes, strictly of a moral character, though essentially different. The changes which take place in the political constitution of a country are certain to produce great general excitement on the part of those who support the innovations, as well as of those who oppose them. They exalt the enthusiasm of the unreflecting, and even impart a degree of fervour to the coolest minds. Within these few years we have seen the whole community

in a state of excitement, on account of political events, disproportionate even to their great inherent interest, and we have all known men in the ardour of political frenzy use expressions and perform acts, of which, in their cooler moments they were altogether incapable, and of which after the lapse of a brief period, they could hardly be made to believe themselves to have been guilty. We every day see men do things, which perhaps under no other circumstances except those of political excitement, would they be induced to perform—acts which cannot even be defended upon political, and far less upon moral grounds. It is not to be wondered at, therefore, that political excitement, which lets loose all the bad passions of the human mind, and which are indulged till the sense of moral justice is altogether lost sight of, should produce further evil, and give rise to mental alienation. Political innovation excites the ill-regulated expectations of those of desperate fortunes, and the fear of those to whom change can bring nothing but evil. A state of things which is capable of exciting such and so many mental emotions, may well be believed likely to conduce to individual disease. Again, when existing political institutions are overturned by actual violence, the causes of insanity are then to be sought for in the wide-spread misery and devastation which may have ensued; and the influence of these causes in the production of insanity will be somewhat in the ratio of the prevalence and height of the excitement which have existed, and according to the actual misery and wretchedness which have ensued. The influence of political commotions, as a general cause of insanity, has been amply illustrated in the writings of the French and American authors upon this subject, and Esquirol has observed that the more prominent events in the history of France, during the last half century, might be illustrated by cases in her lunatic asylums,

which had taken place in consequence of them. The effect of political commotion is such as has been stated, alternately exciting enthusiasm, hope, and fear,—giving rise to the indulgence of every passion of the mind, and occasioning real evils. But the effect is produced in some instances in a somewhat different manner, by the innovation which the political change produces upon long established habits and opinions. A man is too old or too unimaginative to adopt new habits, or new ideas, or new theories; he continues wedded to opinions which have no relation to things as they now exist, and he feels he lives a solitary being, who nowhere finds that sympathy in the intercourse with his fellows which is not less necessary to his happiness than to his health. He is obliged to cherish his own ideas in silence: he gradually ceases to mix with his neighbours: from solitude to melancholy, and from melancholy to hallucination, the steps are but short indeed. The character of the old marquis introduced by Sir W. Scott, in the introduction to Quentin Durward, has always appeared to me admirably true to nature, and illustrates very well what I would describe. The fact of political excitement being an influential cause of insanity has been thought to be further proved by the statistics of the disease, which decidedly show that fewer cases occur in those countries where political discussions are not permitted, than in those whose institutions are of a more popular character. When revolution, however, does break out in a country hitherto governed upon despotic principles, it will most certainly give rise to numerous cases of mental derangement, and this, perhaps, explains the influence which the events of the French revolution, and those which followed in its train, have had in the production of insanity.

There is no subject which has given rise to more discussion than the influence of religion, as a moral cause of

insanity. Some have gone so far as to maintain that it is the most powerful of all; others, on the contrary, that it never does occasion mental derangement. It is not to be supposed that all those who are of unsound mind, and who entertain hallucinations upon the subject of religion, have become so from too intense an anxiety in regard to their welfare in a future state. This would be as erroneous as to believe that all those who accuse themselves of having committed crimes, have become insane from remorse. It is no uncommon thing for insane patients to entertain intense fears as to their future safety, and to believe that they have become the objects of divine displeasure, who, previous to their illness, had been perfectly indifferent to religious duties. This is just a part of the change of character which is so peculiar a symptom of mental alienation, and not unfrequently proves its earliest indication. To maintain, however, that anxiety on the subject of religion never gives rise to insanity, I believe to be equally erroneous. Those who do so seem to forget that intense and exclusive application of the intellectual faculties to any speculative study may give rise to alienation of mind; and there is no reason to believe that the subject of religion proves an exception. Religion cannot however be considered as the cause in this respect, but merely as the object to which the intense and exclusive application of the faculties of the mind was devoted. But it has been observed by a celebrated writer, that religion has more influence over the human mind than all the passions combined. Now, if there be any truth in this remark, and I believe that there is, and that the influence is produced upon the human mind from the exalted hope and intense fear, which religion, viewed in opposite lights, is calculated to excite, it must be considered as by no means an unfrequent cause of insanity. Each of the passions of the mind, when

intense or long indulged, is universally admitted to operate as a cause of insanity: it would be very illogical, therefore, to exclude that which is presumed to equal all the passions united, in its influence upon the human mind. It is necessary to distinguish a little, and to remember that there is as much difference between true and false religion, as between sanity and insanity. When religion ceases to be regarded in the light of reason and revelation, and is abandoned to the imagination, it is to be regarded as a most fruitful source of mental disease. When men direct their attention less to the practical than the speculative part of the subject; when, in short, the imagination is permitted to interfere in religion at all, to what misery it may give rise is not a subject of speculation, but of history. When man, by the light of his feeble faculties, attempts to explain passages of mysterious import,—when he who cannot foretell the events of the coming hour, unhesitatingly assumes the office of a prophet, and affects to know the secret councils of heaven; when the mind is abandoned in this manner, and upon a subject of such weighty importance, there is nothing more reasonable than to expect that which we so frequently find to follow, viz., insanity. Nor must we confine the influence of this abandonment of the imagination upon the subject of religion, to those cases in which insanity is characterized by some active form of the disease, and the complete perversion of all the faculties of the mind; for mental alienation as truly exists in those lamentable instances, in which—insane upon this subject alone, deluded with the most irreverent fancies—the victim of enthusiasm is sane upon all subjects besides. The man whose excited imagination and delusion have persuaded him that he is speaking the will of God in most unearthly sounds, which he himself does not profess to understand—who lays claim to the power of miracles, and to the gift

of prophecy, may in other respects be a well-intentioned man; his charity may be active, his conduct may be exemplary, and his judgment unimpaired upon other subjects, but upon this he is as decidedly the sport of hallucination as he who is in all other respects of sound mind, with the solitary exception that he believes his head to be made of glass.*

It is not necessary to enter into the dispute whether more cases of insanity occur among Protestant than among Catholic communities. This is a narrow-minded sectarian view of the subject, and I believe that the very opposite opinions which have been expressed upon imperfect statistics, with the view of recommending a particular faith, are altogether devoid of any claim to our attention. No sober minded men, of any religious persuasion, ever become insane on account of it,—the weak minded and enthusiastic of all may be believed to be highly subject to the disease. The Protestant religion, it has been argued, including so many sects, some of which permit of great excitement, even in their external forms, and among which enthusiasm is encouraged and cultivated as a part even of devotion, produces more cases of religious madness than the Catholic faith, which permits of no such thing. Enthusiasm upon religion, or any other subject, may be carried the length of insanity, and certainly there are sects of religionists whose conduct and opinions differ but little from those of the insane, their excitement being sometimes as violent, and their hallucinations sometimes as complete; yet I do not know that this mad enthusiasm is entirely confined to Protestant sects; certainly it was not so once, whatever it may be now. The enthusiasm of the time of the crusades was

* This was written several years ago, in allusion to lamentable scenes which were acting over the whole country, and which, I believe, had their origin in this neighbourhood.

greater and more prevalent than any enthusiasm connected with religion which has ever been known in Protestant countries. The crusades may be regarded as having given rise to more enthusiasm and more insanity than any other event in history. But even were we to admit that there may be more religious insanity in Protestant than in Catholic countries, which, however, we do not, because we do not possess sufficient data to make the statement either the one way or the other, it does not prove that there is more insanity arising from other causes among Protestant than Catholic communities; in the latter there is the influence of a blind and degrading superstition, of vicious or neglected education, and of the unrestrained indulgence of the sensual passions, all of which prevail to a greater degree in Catholic than Protestant countries, and all of which are powerful causes of insanity. That the character of religious insanity is different in Catholics from what it is in Protestants is admitted, I believe, by all. There is no more prevalent cause of insanity certainly, than enthusiasm, or the devotion of a disproportionate share of attention and mental application to objects and pursuits of trifling importance; carried farther, when the attention is ardently and exclusively devoted to such objects, then the person is insane. It is impossible to say upon what subjects men may become enthusiasts, as it is impossible to know what extraordinary interest certain objects and pursuits may possess to individual minds. It is the enthusiasm itself, the exclusive and ardent devotion of the faculties to the object, and not the object which causes the unsoundness of mind, though there are particular subjects upon which enthusiasm is more apt to be carried to extravagant lengths than others.

Intense application of the intellectual faculties even for a limited period only, has been known to cause insanity.

This has been known in consequence of some unwonted stretch of memory.

The causes of insanity will vary with the character and manners of the age. Many causes now exist which were formerly unknown, and many used to be in operation which now produce no effect whatever upon the mind; new causes will also arise as old ones cease to operate. It would be erroneous to consider the moral and physical causes of insanity as distinct from each other, and always acting singly. This is seldom, if ever, the case; for mental alienation is generally to be considered as the result of their combined agency. Sometimes the one class of causes is the first link in the chain, sometimes the other; but they are most frequently combined.

It does not fall within our plan to enter into any discussion as to the proximate causes of insanity. That our intellectual and moral faculties are in some mysterious manner connected with the brain and nervous system, that a healthy state of the one implies a healthy state of the other, and *vice versa*, are propositions which no one attempts to deny. What that connection however is, between organised matter and all the fine mysteries of the human understanding in health and disease, no merely human knowledge has hitherto been able to explain. That we shall be able to detect disorganization of the brain in every case of insanity must by no means be inferred from what has been said. The same state of disease of the brain, as far as we are able to judge, will not produce in every instance the same state of derangement of the intellectual faculties, perhaps, sometimes, not even insanity at all; and many persons die insane, whose brains upon inspection exhibit no appreciable trace of alteration of structure. The affection of the brain, in insanity, it is to be remembered, is sometimes merely sympathetic and

functional, and therefore change of structure may not ensue.

Having thus endeavoured to point out the general phenomena of insanity, I proceed to consider more particularly the various forms of the disease; and I shall treat of these under the well-known divisions of Mania, Monomania, including under this head all the varieties of partial insanity, Dementia, and Idiocy, in their respective relations to Medical Jurisprudence.

CHAPTER IV.

MANIA.

Mania is that form of insanity in which there is general derangement of the intellectual faculties, accompanied, for the most part, with great excitement, and frequently with fury. Like all other diseases it presents various degrees of intensity. It sometimes explodes suddenly; but in general it approaches by gradual steps, the symptoms increasing in severity until the disease exists in its most active form. This stage continues for an indefinite length of time, the symptoms gradually decreasing in intensity, until convalescence or a complete cure ensues: or the case ultimately terminates in one of the more chronic forms of mental alienation. Mania may be continued, remittent, or intermittent; the remissions may be more or less complete; the intervals of longer or shorter duration; and it very rarely happens that mania exists, except in a very chronic state, without marked remissions. Even in the most chronic cases of mania an attentive observer will almost invariably perceive exacerbations and remissions. These exacerbations are sometimes dependant upon some moral cause,—some contradiction, for example, which the patient has experienced; or upon physical, physiological, or pathological causes, which are well understood to operate in this manner. It is no uncommon thing to see women who are insane, perfectly quiet and harmless, free

even from all excitement, yet who invariably become furious at the menstrual periods, so much so, indeed, as to require them to be placed under restraint. Severe epileptic paroxysms will cause violent maniacal fury in patients who have been rendered almost completely fatuous by the frequent recurrence of the disease.

It has been well observed by Esquirol, that mania has a term of incubation, in which it resembles all other diseases, whether of an intellectual or physical character. When the exciting cause, whatever that may be, has been applied to a person predisposed to mania, the attack does not follow instantly thereafter. In some cases it certainly does, and this is an important fact for the medical jurist to remember; but it is the exception, and not the rule. It is not possible to state the period of this incubation, which is by no means uniform; it depends upon the intensity of the exciting cause; upon the strength of the predisposition to insanity on the part of the patient, and upon so many minute circumstances connected with his conduct and regimen during this period, that no definite opinion can well be given upon this point. It may be so long, however, that the exciting cause may be entirely overlooked; it may last for days, weeks, months,—some have said for years, which, of course, it must always be exceedingly difficult, if not impossible to prove.

It very frequently happens, in the commencement of an attack of mania, that the patient is observed to fall into fits of abstraction, or complete stupor. He remains for a time perfectly unconscious of surrounding objects, and every intellectual function is suspended. These fits of stupor recur more or less frequently, and are of longer or shorter duration. Sometimes the attack is ushered in by convulsions, or by frequent and severe epileptic paroxysms. Manical attacks not unfrequently commence with

the symptoms of monomania, which continue for an indefinite length of time, and are succeeded by the usual symptoms of mania.

The peculiarities observed in patients in the first stage of mania have less connection with intellectual than moral changes, at which period they remain conscious of the confusion of their thoughts, and of the unconnected ideas which pass through the mind; and they are able to conceal their existence, and even to exercise so much control over their faculties, as to resist the unconnected train of thought for a time. The first and most obvious changes are those which affect the moral character of the patient; his habits, tastes, and passions undergo a complete alteration, so that he can no longer be recognized as the same person; the gentle tempered become fierce, the moderate intolerant, the prudent and cautious adventurous and speculative, the religious indifferent to religious duties, or they neglect them altogether. The tastes and pursuits of the patient are altogether changed; his passions are heightened, his spirits become unusually high; he talks long and loudly, with a more confident manner, and in a bolder tone, and with wonderful fluency. His manner is abrupt, his thoughts are unconnected, or the trains of thought are very suddenly interrupted; new ideas are engendered, and strange passions take complete possession of his mind. At this period the patient is generally aware of his own situation; this is not universally the case, but if it be a second attack, he is quite aware of the nature and cause of his unusual high spirits, of his change of habits, and so forth. Notwithstanding the most powerful efforts which the patient is capable of making to exclude the unconnected trains of thought from his mind, they are constantly recurring; the changes in his character become more marked, and the affections are directed into new channels. The husband

becomes estranged from his wife and family, he distrusts them in every thing, finds fault with their conduct, and it is found impossible for them to perform a single act to his satisfaction; he distrusts all on whom he was formerly in the habit of placing reliance; he is jealous and suspicious, and the motive of every action is misinterpreted, and sinister motives are attributed to actions the most trivial. The patient prefers solitude, probably experiencing relief in the absence of fresh objects of attention, which, from the depravation of the intellectual faculties may become sources of actual pain to him. Nay, it is probable that every change in the habits and dispositions of insane patients is capable of being accounted for upon some such principle.

While the intellectual and moral faculties thus furnish evidence of commencing disease, the physical condition is affected likewise; the patient complains of unusual heat in the head, of giddiness, ringing in the ears, his sleep is interrupted and unrefreshing, and he is troubled by frightful dreams; the digestion is impaired, the appetite is irregular, the bowels are constipated, and he suffers under the usual symptoms of dyspepsia. It is no unusual thing for the indications of insanity to be confined to the intellectual, moral, and physical changes just described, convalesence not unfrequently taking place when the disease has not advanced farther; if it do not, however, and after these premonitory symptoms have continued for an indefinate length of time, the primary state of mania presents itself characterized by an increase in the intellectual and moral aberration which I have already described. The patient's spirits become still more elevated, the change in his character more complete; ideas, propensities, and passions entirely new are developed. He continues to talk in the boldest tone and manner, long, loud, and fluently,

and his general expression is glowing, brilliant, and highly imaginative. Every faculty of the mind seems exalted; and in this early stage of mania it is no uncommon thing for patients to display unexpected talents for poetry, music, the arts, &c. All writers upon the subject have mentioned instances of this fact. Chiarugi has recorded two interesting examples, one of a patient who was subject to remittent mania, and who, upon the accession of the attacks, would stand naked, and, as if inspired, would continue for hours to declaim verses in an unknown language, not unlike Greek, with a perfect Anacreontic rhythm, though he was acquainted with no tongue except his own. The same writer mentions the case of another maniac, who, during the attacks of his disease, without any previous knowledge of design, executed works of sculpture of no mean excellence. The peculiar excitement of the brain seems to revive long forgotten circumstances, and the memory will recall passages from books which the person would have been found quite incapable of doing while in health. A gentleman well known to the profession of this city, has informed me, that while he was suffering under some form of cerebral disease, he repeated with the utmost ease and correctness most of the odes of Horace, which previous to his attack he had entirely forgotten. It is in this manner only that we account for those very curious instances of persons, during the existence of excitement of the brain and nervous system under disease, repeating passages from classic authors which they had never studied, but which upon investigation it will be found they have heard repeated. Although no impression had apparently been made at the moment, yet it would seem that even unconsciously, the repetition had left an impression upon the mind, which unusual excitement of the brain and nervous system is capable of reproducing. Even this is

strange enough. Though in the incipient stage of mania the intellectual faculties are sometimes exalted, I disregard as impossible the assertion, that not only in this case, but that a knowledge of languages and of sciences is manifested of which the patient was completely ignorant before. This is just as untrue as the old idea which Chiarugi had to combat, even so late as the end of the last century, that insane patients possessed the gift of prophecy. During the excitement of an incipient attack of mania, the power of imitation may never have been so perfect, or the faculty of imagination so brilliant; the patient may exhibit powers and talents of which he had not previously given any indication; every intellectual endowment may be heightened, but still those powers and faculties existed, though they may never before have been displayed to such advantage. But that a man, while under the excitement of cerebral disease, should give proof of possessing a knowledge of science, or of languages of which he was previously totally ignorant, and had never acquired, is as untrue in fact as it is improbable in theory. That a person may recall during this state of cerebral excitement, what he was believed to have been ignorant of, but what he had only forgotten, is well authenticated, and satisfactorily accounts for those cases which have been presumed to prove that knowledge was actually instinctively imparted by this disease. Old and forgotten things may be revived, nothing new can be communicated.

A period arrives in the progress of the malady when the mental aberration can no longer be concealed. Conscious at first of the confusion of thought, and of the unconnected train of ideas which were passing through his mind, the patient carefully endeavoured to repress and conceal them, in which for a time he was more or less successful; but he now believes his feelings and thoughts to be real, and he

boldly promulgates his hallucinations. He is exceedingly restless, he suffers from imaginary terror, every gesture and motion of his body is unusual, and the expression of the countenance entirely changed. Every act which he performs seems to be done from some sudden impulse; he walks rapidly, and stops abruptly, like a person in deep meditation; he laughs sometimes immoderately in a tone and manner quite unusual, and in long loud peals, without the slightest cause, and he does not stop gradually like a person laughing in a state of sound mind, as the ridiculous image becomes familiar to it, but he stops as abruptly as he commenced, and his countenance retains no expression of hilarity thereafter. He is equally subject to tears, which begin to flow, and are arrested equally unexpectedly; or he is melancholy and taciturn, and can hardly be made to answer questions. During the continuance of these symptoms he does not sleep, or when he does fall asleep, it is short and disturbed by frightful dreams; he is quite regardless of his dress, of his external appearance; indeed he is indifferent to, and most probably partly unconscious of external objects; he is often exceedingly irascible, gets into a passion quite unexpectedly, and for very inadequate causes, and conducts himself with great violence; he complains that he hears strange sounds which disturb him, that people are speaking to him. In this state his senses evidently betray him, for he will maintain for long imaginary conversation. We frequently see patients who, in their constant talking, evidently fancy that they are maintaining a colloquy. Sometimes their words are accompanied by angry gestures and intonations, and at others it would seem as if the imaginary proposition was quite agreeable to them; and sometimes their words and gestures are abrupt and decisive, as if at once and for ever dissenting from a proposition which they cannot for a single moment entertain.

The incipient stage of mania, then, may be said to be characterized, not so much by positive delusion, nor by illusions and hallucinations as by the occasional occurrence of these, and by the close approximation of the symptoms to all these conditions; by great uneasiness and restlessness; by a complete change of character, manners, and habits; by great confusion of mind; loss of memory; occasional stupor; and by peculiarity of expression, action, and gesture. It is to be kept in mind that the disease may go thus far, and no farther,—that from this point convalescence may ensue, and, indeed, it very frequently does so; or it may go on to the active stage of mania. In the active stage of the disease the intellectual and moral faculties are almost completely annihilated: the excitement of manner, which had lately existed, increases to fury, and the patient may require to be placed under personal restraint. His mind seems a perfect chaos; all the intellectual faculties are involved in irretrievable confusion. The patient constantly screams, roars, shouts, laughs, or weeps: he is never for a single moment at rest: he tears his clothes, destroys every thing within his reach, and he seems possessed of superhuman strength. They are always threatening, very frequently mischievous to themselves and others, whom they occasionally attack with frightful ferocity: they frequently injure themselves with their teeth and hands; knock their heads against the wall, if not narrowly watched and prevented. The face is red, the eyes inflamed, the eye-balls as if protruding from the sockets, the hair erect, and the expression of the countenance horrific and furious. This state of fury sometimes lasts, with but little remission, for an almost incredible length of time. For months they are hardly ever known to sleep,—the fury remaining almost unabated; and they require to be kept under constant personal restraint.

It is in this form of insanity that patients are capable of sustaining, with comparative impunity, the influence of general causes, such as exposure to the extremes of temperature. They are likewise capable of abstaining from food for an almost incredible length of time, without sustaining any apparent injury. They rarely sleep, and when it does overtake them it is short and unrefreshing, and disturbed by frightful dreams. They seem also insensible to bodily pain: I have seen a patient handling live coals with the greatest apparent indifference, during an attack of maniacal fury. It is to be remembered, however, that though in mania there is general derangement of the intellectual faculties, and that the mind is a perfect chaos, and totally unfit for any intellectual application, yet even during his ravings, the maniac may sometimes be arrested, and his attention may be directed for a moment to a new train of ideas, and thus, perhaps, he may be able to answer a question or two with tolerable accuracy; but in a very short time his fury recommences, and continues in the usual manner. The moral faculties are as completely perverted in this form of insanity as the intellectual. Patients swear most horribly; they utter the most revolting expressions; they are devoid of all delicacy and modesty; they are regardless of their persons, filthy in their habits, and devour even all manner of filth; and they are obscene in their language, gestures, and behaviour. This tendency to obscenity is not to be supposed characteristic of any peculiar levity of conduct on the part of the patient, previous to his illness,—it is the effect of the stimulus of organization upon the system, deprived of the control of the intellectual and moral faculties.

The senses, during attacks of maniacal disease, are sometimes unusually acute; but they likewise convey erroneous impressions, and then they become, occasionally, the

causes of the paroxysms of fury into which the patient is thrown. For example, the character of Don Quixote illustrates this point very aptly; when his mind becomes excited by visions of chivalry and romance, he is not only insane, but to such a pitch that his senses do not perform their offices correctly, and his unreal perceptions excite him to paroxysms of fury, so that he attacks the windmills which he had previously mistaken for giants, the flock of sheep he had believed to be an army; and he demolishes the puppets of the mountebank, under the impression that he is facilitating the escape of Don Gayferos and Melisandra, whom he fancies he sees flying before their enemies.

When this active stage of mania has continued with greater or less severity for an indefinite period, a remission in the symptoms takes place,—the fury is less continuous, —the patient has longer intervals of comparative calm,— he becomes gradually more composed,—the excitement is comparatively subdued,—he begins to enjoy refreshing though short sleep, and the intellectual faculties resume, in some imperfect degree, their usual functions. His accustomed habits and old affections return to a certain extent. This improvement may go on to convalesence, or to a complete cure, or the remission may be succeeded by a renewal of the same symptoms which ushered in the attack, which go on increasing in severity, until a maniacal paroxysm as complete, and as violent, perhaps, as the previous one, is formed. I have dwelt thus long upon the mode of aggression of attacks of mania, upon the permanence of these paroxysms, upon their remission, and their intervals, as well as upon the mode in which convalesence gradually ensues, because it is of the highest importance that the medical jurist should form correct opinions upon all these points.

Mania, it has been said already, may be continued, re-

mittent, or intermittent. The remissions may prove more or less complete, the intervals of longer or shorter duration, and it sometimes happens that the attacks recur even after long intervals with great regularity; but I believe the period of the recurrence of attacks of intermittent mania, when the intervals are long, in the great majority of instances, is quite accidental, and may be hastened or retarded by circumstances. Sometimes the case terminates in a perfect cure; the patient has a single attack and no more, the intellectual faculties remaining undisturbed during the whole course of the life of the patient, but in the majority of cases the disease does return, and when the attacks are frequently repeated, the case ultimately terminates in continued insanity.

The delirium which attends many diseases of the brain, which either affect the organ directly or sympathetically, is more or less nearly allied to the acute form of mania. Delirium is attended with the same intellectual and moral aberrations, and the excitement under which the patient labours sometimes amounts to outrage and fury; but the mode of aggression is very different. The alienation of the mental faculties is the first symptom which presents itself in an attack of mania, while delirium succeeds to other symptoms of physical disorder; delirium is for the most part attended with febrile excitement to a greater extent than is found in mania. Delirium and mania differ in their mode of aggression, in their progress and termination; delirium being altogether an accessory of the disease of which it is a symptom, it exists as long as the disease upon which it depends, and no longer. In short, the previous existence of physical disease, the mode of aggression, the duration, the progress and termination, sufficiently distinguish delirium from mania. Delirium tremens, which is a disease invariably produced by long continued indul-

gence in intoxicating liquors, is easily distinguished from mania. The attack generally commences with tremors of the hands, great restlessness, and long continued sleeplessness. Illusions and hallucinations succeed. These illusions are of various kinds. The patient fancies he sees strange people or animals in the room, or about the bed; he believes he hears voices in the room, or in some part of the house, which he affects to recognize as those of persons with whom he is familiar; or he believes himself to be exercising the customary duties of his calling. I have more than once attended coachmen in this disease, who evidently fancied they were engaged with their horses; and I remember to have attended a person employed as an engine-keeper on board a steam-boat, who, during the whole period of his illness, seemed to believe himself to be conducting his engine. They are frequently furious, though they are not generally difficult to overcome, and the danger of suicide in these cases is greatly to be apprehended.

MEDICO-LEGAL APPLICATION.

We shall now endeavour to make an application of the phenomena of mania, as we have now described them, to the purposes of medical jurisprudence. In the active stage of mania, when we have distinctly recognised the existence of the disease, no doubt or difficulty can by any possibility arise. As the patient is ignorant of his actions, and of their consequences, as his impressions are false, as his intellectual and moral faculties are diseased in all their various combinations, as his acts are not under the direction of a sane volition, but involuntary, the result of delusion, illusions or hallucinations, he is to be held altogether irresponsible for whatever he may do. If the case be one

of those in which the patient is outrageous, and if during a paroxysm of fury he has inflicted some injury upon the person of another, or even deprived him of life, the accident is to be deplored, but the act can not be considered criminal. The patient is legally incapable of executing any testamentary deed, or of entering into any transaction which would prove valid, if disputed. As to restraining the liberty of a patient in the active stage of mania, the conduct of the medical jurist is equally obvious; to place the patient in such a situation as will most likely conduce to the safety of his friends, as well as of his own, is his imperative duty.

But the difficulty in the application of medical jurisprudence to the phenomena of mania, has no reference to the active form of the disease. If, in that case, we are able to say that the patient cannot be rendered responsible for acts far beyond the control of his faculties, if he is quite incapable of performing a single social duty, our task is easily performed; but when we come to consider the incipient stages of mania, and to inquire into their medico-legal relations, we have a far more difficult task to encounter, and the proper performance of which requires the utmost care and acuteness on the part of the medical jurist. We must beware that on the one hand we do not favour the crafty design of some interested relative, and consign a person not insane, but eccentric, to confinement in a lunatic asylum; and on the other hand, lest excess of caution should permit an insane patient to squander away the means of his family. In reference to imposing restraint upon the liberty of patients in the incipient stage of mania, the duty of the medical jurist is full of delicacy. In the early stages, as has been already said, the intellectual faculties are so little affected, or the patient is capable of exercising so much control over his words and acts, that

he may permit nothing to escape him which can be laid hold of as evidence of alienation of mind. A most marked change of character may have taken place, the patient's habits may have undergone a complete revolution, yet as long as no distinct hallucination can be detected, while yet the conduct of the patient is only thus far changed, that he is a different man from what he once was, but not different from a great many of his neighbours, it will be quite impossible for the medical jurist to give his sanction to any interference with his personal liberty.

But each case is attended by circumstances which are peculiar to itself, and there are features of a peculiar character attending some of these, which well may remove any scruple that we might otherwise have to interfere. If we should observe the premonitory symptoms of mania in a person who has suffered similar attacks before, if the symptoms be nearly the same which they were upon former occasions, above all, if we know from previous experience the course that the disease is almost certain to run, then our scruples should be entirely removed, and we should have no difficulty in doing what is necessary on our part, to prevent the ruinous consequences of the moral and intellectual disease which has taken place. It is proper, under all circumstances, to act with the utmost caution; we have to remember that there are many whom very inadequate causes excite to unusual exuberance of spirits, in whom opposition to the indulgence of some whim will cause considerable excitement, and even violence of manner, who are not fit subjects for legal interference. There are others who are easily excited to incoherence and violence by the administration of intoxicating liquors; and a designing person may have recourse to such means, which would very likely be successful in the case of those who have previously suffered from mania; and whenever we

have reason to suspect such conduct, we should refuse to interfere, but should make repeated visits, and at times when these are not anticipated.

The object of imposing personal restraint upon a person of unsound mind is twofold,—to prevent the injurious consequences which might result either to himself or others from his remaining at large, and to contribute as much as possible to the cure of the disease. Until, however, distinct hallucinations can be detected, except under the circumstances already mentioned, a mere change in character may seem too slight a reason, in the great majority of instances, for placing the person under restraint. Though this may be the case, it is nevertheless the duty of the medical jurist to make very minute inquiries into the case. He should inform himself, as well as he possibly can, as to the predisposition to insanity which exists; whether any exciting cause has been in operation, the nature of that cause, whether moral or physical, and the influence which such a cause is usually presumed to exercise in the production of mania. A very strong case may certainly arise from a combination of such circumstances, which, even independently of hallucinations, might warrant the interference of the medical jurist.

But though a mere change of character may not of itself be sufficient to permit us to consign a person to confinement, generally speaking, a good deal will certainly depend upon what that change is which has taken place. When we see the character very different from what it formerly was, and all the intellectual powers exalted, and so far perverted as just to fall short of hallucination, the case becomes very different indeed. In our intercourse with the patient himself, in the commencement of his disease, though we fail in detecting hallucinations, it is no proof that they do not exist. At the incipient stage of

the disease, the hallucination is most frequently limited to one particular subject; and while yet a certain degree of control over the intellectual faculties remains, the patient will most probably keep clear of the subject, particularly if he has any notion of the object of our visit, and the chances are greatly against our hitting upon it ourselves. But when we see the person highly excited—when we see him proud, haughty, ambitious, and speculative—when all the actions which he performs seem instantaneous impulses, apparently perfectly unconnected—when we see him highly irrascible, difficult to please—when we see him break out into loud laughter, or shed tears without the slightest cause—when he is by turns gloomy and melancholy, then we have reason to suppose, not only that the change of character is the consequence of disease, but that the malady will proceed to complete alienation of mind; and as we know not, after the occurrence of such symptoms, how soon a violent maniacal paroxysm may ensue, the safest plan will be to place him under restraint.

Whenever the patient has given us the slightest reason to fear that his own safety or that of his associates or friends is in danger, and if his change of character threatens injurious consequences to his own or his family's interests, if he be recklessly squandering away his means—if he be irritable or outrageous, and threatening personal violence to any one, then we are quite justified in having him placed under such restraint as will not only most effectually prevent any accidental injury to himself or others, but which will be conducive to his cure. Now, the patient cannot sustain any injury by our conduct being thus regulated. It is certainly no light matter to interfere with the personal liberty of any one, and the law is, very properly, highly jealous upon this point, even in the case of insanity; but it is better that a man should suffer the imposition

of slight restraint, than that he should be injured either in his person or his means, or in those of his family or friends. Change of character is not insanity, but it may be evidence of insanity; and it is a most unusual thing for men all at once to assume a character absolutely foreign to their natures, independently of incipient unsoundness of mind.

We must carefully distinguish, however, between disease, natural haughtiness and violence of temper, and eccentricity of character. Now, it is not difficult to do this. A haughty and violent tempered man may have fits of greater pride and violence than common, but still it is his natural character. The same distinction holds good as to eccentricity. The eccentric man is only different from the majority of his fellows; no change having taken place in his own character, he is just the same as he has uniformly been. Now, the indications of insanity consist in the change of character.

Besides the evidence of insanity derived from the intellectual and moral change which characterises the incipient stage of mania, we have the additional evidence derived from the physical and physiological symptoms which I have already described as belonging to this period of the malady, and which have no connection whatever with natural haughtiness of temper or eccentricity of conduct, and which can neither be concealed nor simulated. It is only during the incipient symptoms of a first attack, that we can have any hesitation; in those instances in which the same train of symptoms have ushered in a previous attack, the case is devoid of difficulty. Indeed, it is not unusual for patients themselves, under these circumstances, to request that they may be confined.

In reference to the validity of deeds executed during this stage of the disease, this is a question which will very rarely call for our interference. Testamentary deeds

are almost never thought of. The patient is in far too exalted a frame of mind to contemplate the probability of that event, to provide against which those deeds are generally executed. All his ideas are confined to the present moment; care for the future is for the most part completely out of the question. Those deeds, when they are the result of unsound mind, are the consequence of some morbid change in the affections, along with partial insanity. It is quite true these symptoms not unfrequently precede attacks of mania, as has been already pointed out, and during this time the insane man might go the length of endeavouring to injure, in this manner, the object of his causeless hatred. If it should be manifestly unjust and injurious to the interests of some one connected to the patient by the closest ties, then we shall be justified in entertaining very strong doubts as to the sanity of the person at the time it was executed; if he had been known to entertain an unnatural dislike to the person whom he has thus endeavoured permanently to injure, and if the disease has advanced to a more confirmed state of intellectual disorder, then our doubts would be increased. The deed itself not unfrequently furnishes just that one point in the proof of insanity which seemed to have been a-wanting. It will always be important for the medical jurist to know, if the patient has recovered, whether he was aware of the nature of the deed which he had executed; if he was, we infer, either that it was his spontaneous act, and not the consequence of hallucination, or that the cure was not complete.

Our opinion may be required as to the validity of transactions entered into between the patient and another party, who has taken advantage of his disease to impose upon him. This, however, will but rarely happen. The fact is, the patient is not easily overreached. He may

throw away his money with the utmost profusion, seemingly setting no value upon it whatever, while he will most probably resist any attempt which may be made to impose upon him. His pride and haughtiness are concerned in this, and he is generally so obstinately bent on having his own way in every thing, that it will be found very difficult to cheat him. If, however, we should have distinct evidence of some unjust transaction having been imposed upon the patient at this stage, we cannot hesitate to give an opinion that it is invalid.

The plea of immunity on account of unsoundness of mind, for crimes committed in the incipient stage of mania requires somewhat more attention. It is to be remembered that crimes are not so much the consequences of change of character, in the proper sense to which that applies, in this stage of the disease, as in other instances they proceed from hallucinations, peculiar impulses and desires, cupidity, sexual appetite, and so forth. If a murder should be committed by the patient, it will generally be the consequence of fury to which he has been excited by adventitious circumstances: attempts, for example, to place him under personal restraint, or some forcible interference to prevent him following some course to which his hallucinations impel him. It has been said that we ought not to afford the immunity of disease for crimes committed in this stage of mania, and that those acts to which the patient has been excited, but which he might still possess sufficient control over himself to prevent, are just as deserving of punishment, if criminal, as those which are committed during the fury of a violent fit of anger. This does not seem to me a proper mode of reasoning. The object of punishment is to prove a warning against the commission of similar crimes on the part of others. Punishment is not meant to be vindictive; it has no special

reference to the crime which it does punish ; it is against crime in the abstract, and as a salutary warning against its repetition, fully as much for the sake of others as for that of the criminal. Now this applies quite correctly to the case of crimes committed under the excitement of violent anger. The punishment in this case is not so much to operate as a warning against the criminal act, as against giving way to the passion which led to it. Now, no punishment can by any possibility operate as a warning against the excitement of intellectual or moral derangement, which is altogether involuntary on the part of the patient. But we must be perfectly satisfied that we have made the distinction in question ; we must be certain that the crime has proceeded from the excitement of intellectual disorder, and that it is not the result of a paroxysm of violent anger. We must ascertain what relation the criminal act and the change of character bear to each other. The change of character, for example, in the great majority of cases, will have preceded the criminal act for a certain length of time, in the case of mania; in anger, again, this is not the case. We must ascertain, likewise, what probable motives for the crime existed. Crimes are as distinctly the consequence of recognised motives as the most virtuous actions. Few, indeed, are so savage in their natures as to indulge in crimes for the very love of them. No doubt exceptions are to be found to this remark, but then it is questionable how far such characters can be regarded as of sound mind. An interesting case is recorded in the last collection of the " causes celebres criminales," that of a man of the name of Lelievre or Chevallier. This man, who had borne a respectable character, and was so correct in the performance of his duties as to have acquired the confidence of his superiors in an office of trust, was, nevertheless, proved to have murdered a mistress, two wives, whom he had suc-

cessively married, his own son, and was at last arrested in his criminal course by being detected stealing a child whom he had destined to satisfy his savage appetite for blood. There can be no doubt that these murders were committed; and what seems more horrible still, he selected the period of parturition for the administration of poisons to his mistress and wives; and the only motive which could be assigned for his conduct was the very inadequate one, of the delight he was presumed to take in witnessing persons suffering under excruciating torture. This may have been a case of homicidal madness; if it was, a great mistake was committed, for the man was condemned to death, and executed. Great criminals have existed who have had no hesitation in committing murder for the most paltry motive. The history of the Marchioness de Brinvilliers is well known: the number of murders committed by her and her paramour was far greater than those of Lelievre; but in her case we always perceive some one or other of the usual motives for them, such as avarice, revenge, cupidity, or precaution.—Even in distributing poisoned biscuits to the poor of the hospital, it was with the view of ascertaining the strength of her preparations. She seems to have had no remorse, to use her own expression,—"*donner un coup de pistolet dans un bouillon,*" upon the slightest provocation; yet the motive, inadequate as it may seem, was generally apparent. In the vast majority of cases, therefore, we shall be able to discover some one of those motives for the commission of a crime, which I have mentioned. If the deed has not been preceded or followed by any act which is necessary in assuming the existence of a motive; if it have been a simple act without precedents or accidents to fix the nature of the motive; if the person have given evidence of the previous existence of intellectual or moral derangement, which becomes aggravated, and

goes on to the active stage of the disease, then there can be no doubt that it was involuntary, and that the patient is irresponsible. It is proper to bear in mind, that we may not have the benefit of the additional evidence implied in the last remark, as far as regards the progress of the malady to a more active stage of the disease. As violent mental emotions are capable of acting as exciting causes of insanity, so also has it been found that powerful mental impressions have not unfrequently arrested the farther progress of insanity in its early stages. Examples of this kind are familiar to all. Now, it is not improbable that the commission of such a crime as murder may make such an impression upon the mind as to restore those faculties to health which had begun to yield to disease.

But we have to remember, farther, that though the absence of a criminal motive, for criminal acts, may generally be considered pretty good evidence of insanity; yet that there are some instances, and particular crimes in which the motives are comprehended, and the passions satisfied by the act itself. The ferocity with which the crime of murder has not unfrequently been committed by persons under mania, the number and brutal nature of the wounds, frequently furnish distinct evidence of mental disease. I might quote many cases in proof of the fact, but the fact itself is undoubted. The conduct of the person, after the commission of such a crime as murder, for example, is by no means unequivocal evidence, in every case, of his sanity or insanity, at the time of committing the act itself. If the patient attempts to conceal the act, it is by no means a proof that he was altogether a responsible agent. Murder may have such an effect, even upon an insane patient, as to calm the fury which impelled him to its commission, for a longer or shorter period.

He may not regret what he has done, but the comparatively greater calm which succeeds to the act, will permit him to regard the deed in its proper aspect: he will be perfectly aware of the consequences of what he has done, and he may even take measures to avoid detection.

Fury is just the anger of insanity; that fury is appeased in some measure by the act to which it led, as anger would be entirely so, under similar circumstances. When the patient makes no attempt at concealment—when the crime is confessed, and even vindicated by very extraordinary reasons, then the great probability is that the person is insane. In our inquiries as to the state of the person subsequent to the commission of the crime, we must beware of being led into error by the crime having acted as the exciting cause of the disease. A person while insane, is not liable to punishment, even though he may have committed a criminal act previous to his illness; but there is no peculiarity in this exemption; he would be equally free from punishment were he labouring under a severe attack of physical disease; but, in either case, he would be liable to punishment when recovery had taken place. A curious instance came under my own notice of a criminal act having operated as a cause of mania; and, in this instance, the attack followed the crime so very speedily as to be still more interesting in a medico-legal point of view, as it might not unnaturally have led to the suspicion of the disease having been feigned. Two men were committed to prison upon a charge of theft, and the officers who had them in charge, fearing that their prisoners might make an attempt to escape at a lonely part of the road over which they had to travel, called upon a man by the way, and requested, as a favour, that he would assist them in conveying their prisoners to gaol. The poor man was sitting at home, quietly pursuing his trade

of a shoemaker, and upon the representation of the officers, as to their fears of an escape being attempted, he agreed to accompany them, and to take a gun with him for greater security. As had been anticipated, one of the prisoners extricated his hands from the hand-cuffs, leapt from the cart upon which he and his companion were seated, and ran off. The officers called to their assistant to fire, and he, ignorantly supposing that he was quite warranted, by the circumstance of the prisoner escaping, and the authority of the officers, fired, and wounded the man severely in the back and loins. Instead of conveying a prisoner to gaol, he was conveyed thither himself, accused, and certain of being convicted of a serious crime. The whole circumstances had such a powerful effect upon this poor man that he became violently maniacal, and the attack continued for a considerable time. When hardly recovered, he was indicted for the offence, tried at the Circuit Court of Glasgow, found guilty, and sentenced to six months' imprisonment. Upon a representation being made to the court, however, as to the recent state of mind of this man, which, indeed, was far from being, at the time of his trial, quite restored to health, the sentence was not carried into effect; and, in all probability, the leniency of the court in this case prevented the person from becoming incurably insane. As it was, the sudden revolution in the circumstances of this man, which caused the first attack—the ignominy which he considered attached to his punishment, acting upon his mind hardly yet recovered from an attack of mania, together with the solitary confinement, sufficient of itself, not unfrequently, to cause insanity, would, in all probability, have produced a second attack of the disease.

As all the passions of the mind act as causes of insanity, as we have already taken occasion to explain, it may

readily be conceived that remorse, produced by the consciousness of criminal acts, may have the same effect, and the whole malady may be of a date subsequent to the commission of the crime. Remorse for the commission of crimes is certainly not a very common cause of insanity, though there are many instances on record in which it has actually given origin to the disease in question.—

> Remorse is as the heart in which it grows;—
> If that be gentle it drops balmy dews
> Of true repentance; but if proud and gloomy
> It is a poison tree, that, pierc'd to the inmost,
> Weeps only tears of blood.

Shakspeare represents the insanity of Lady Macbeth as arising from remorse at the crimes of which she was a counsellor, and to which she was a party. Guarding against being led into error by such circumstances, and carefully considering the condition of the person previous to the act, during the time he was committing it, which we shall be able, occasionally, to ascertain by the mode in which it was performed, and immediately after its completion, we shall rarely, it appears to me, be unable to reply to the ulterior question—whether the person was responsible or not. That opinion will be influenced greatly by our knowledge of the state of mind of the person when the act was committed; the presence or absence of criminal motives; the progress which the disease made thereafter; the change of character that had been manifested, and the relation which that change bears to the crime. If it has been committed upon a person against whom the patient had exhibited marks of unnatural dislike, we may be warranted in regarding it as evidence of disease; but we are bound to ascertain, in the first place, how far he had lost the control over his actions; and until we find distinct evidence of diseased volition,—until we

have ascertained that he has been subject to hallucinations, or maniacal fury, the proof of insanity falls short.

The foregoing observations have chiefly referred to the crime of murder or assault, but it is proper to remark that the change of character manifested in the incipient stage of mania, gives rise to unusual desires and propensities, which may lead to other criminal acts; we not unfrequently find patients in this stage of the disease become suddenly avaricious, and under the influence of this new passion, they are known to commit theft. Now I believe it is not difficult for the medical jurist to discover whether the theft be an insane act or not. In the first place, he must distinctly ascertain whether a change of character had actually taken place; if the evidence of cupidity was unequivocal and at variance with the former disposition of the patient; if the article abstracted was stolen for its intrinsic value, or for some imaginary importance which the person had attached to it; if it was to satisfy some unusual propensity which has been developed by the disease; when we acquire distinct information upon these points we can have little difficulty in forming our opinion, and we shall distinctly see whether the theft be the result of natural cupidity, or whether it more properly falls to be considered as the consequence of some disease of the intellectual and moral powers.

Although, as has been already remarked, mania may exist for a long period, characterised by considerable violence of manner, occasionally amounting to fury, without any evident amendment, yet this is likewise the form of mental alienation, in which remissions in the severity of the symptoms, and intervals of complete sanity most frequently occur. Now the medical jurist will frequently be called upon to say whether the amendment, which may be observed in the symptoms, can be held as announcing a

complete cure; whether it be a distinct lucid interval, or merely a remission. It is unnecessary to point out the occasions in law which may require the opinion of the medical jurist upon the points in question; these are sufficiently well known, and have already been referred to. There are certain symptoms which indicate some amelioration in the condition of the patient; his conduct is less violent, his hallucinations are not so complete, he becomes calmer, and begins to enjoy intervals of repose from his mental excitement, and even some refreshing sleep, and the affections are restored to their usual objects. To the improvement which takes place in the state of the intellectual and moral faculties, is to be added the amendment which the physical health undergoes, and the patient is thus gradually conducted from convalescence to a complete cure, and he is restored to all the duties and responsibilities of his fellow-men. Now the cure may be permanent, or it may be temporary. This will, in some measure, depend upon the predisposition which the patient has to insanity, the causes, moral or physical, to which his position in life exposes him. There are cases also, in which the patient carries about in his own person the exciting cause of mental alienation, which, at stated periods, gives rise to attacks of the disease. There are many cases in which the amendment is only temporary, and in which it would be improper in every view to restore the patient to liberty, if that were sought at our hand, in which the temporary improvement will only continue for a certain time, and which period of improvement, the known history of previous attacks will enable us to indicate with tolerable accuracy. But even in these cases, in which an amendment is manifest, it is sometimes not very easy to ascertain whether there is a complete cessation of mental disorder, whether the amendment be a

mere remission, or whether it deserves to be called a lucid interval. It is important under such circumstances to know whether any of the peculiarity of manner, change of character, alteration of the affections, which most probably characterized his malady, still remain. The inference to be derived from these facts, minutely ascertained, need not be stated; and yet it is well known that these peculiarities not unfrequently continue for long after every trace of intellectual disorder has disappeared; nay, sometimes during life, even without any recurrence of maniacal disease. It is of importance to the proper understanding of this point, that we should know how long the lucid interval lasted. If it has been long, there is the greater reason to believe that it has been complete. This, however, is not universally true, though it certainly is so in the great majority of instances. When the interval is very short, when the patient may be said to pass from convalescence to the incipient stage of a renewed attack, then the term interval is not applicable to the case, and the amendment is to be considered in no other light than as a remission in the severity of the symptoms. It is important at all times to know the state of the affections; perhaps as long as these remain estranged, the patient ought not to be considered sane, even though we should be unable to detect any intellectual disorder. It is a useful criterion to know if the person remembers what passed during the active stage of his disease. A distinct and accurate recollection of what passed during the active form of mania is a favourable circumstance, as it is not, in the majority of cases, until the mental powers are restored to a state of comparative good health, that this is found to be the case.

To enable us to investigate the evidence of the completeness of the lucid interval, in reference to the various

occasions in law which render that necessary, I shall make a few suggestions which are plain inferences from what has been said upon the subject. It is at all times proper for us to inquire into the predisposition to insanity which may exist, and ought not to be neglected in this instance. We ought, likewise, to endeavour to ascertain the nature of the exciting cause of the attack. It is of the utmost consequence to ascertain whether it be the first attack which the patient has suffered, and if not, how long the interval lasted upon the previous occasions. We ought to endeavour to ascertain the causes of the renewed attack, if they be the same as upon former occasions, and whether or not the interval was formerly characterised by a complete restoration of the faculties of the mind to a healthy state. We ought to inquire into the circumstances which preceded convalescence—the length of time which elapsed between the first symptoms of amendment and the last evidence of hallucination. We ought to ascertain whether or not the convalescence was uninterrupted in its progress. These are all circumstances which will afford us correct notions as to the nature of the case, and they will enable us to proceed to the personal examination of the patient with advantage. Now, in our intercourse with the patient, our object must be to watch most narrowly every action and gesture he may perform, and to scrutinize most minutely every word which he may utter. It must be our object to try each of the faculties of the mind individually and in their various combinations. We should ascertain if he has any illusions, or if the senses perform their respective functions in the usual manner; we test the powers of his memory, his attention, his comparing and associating faculties; and we endeavour to discover if there be any exaltation of imagination. We ought to question him as to his remembrance

of what happened during the acute stage of his malady,—a distinct and vivid recollection of these circumstances, I have already said, affords a favourable indication of the return of reason. We endeavour to ascertain the condition of his moral as well as his intellectual faculties. If we know that he has harboured any dislike against any one, we should bring that person under his notice, and mark the effect which the mention of his name has upon him. If he should speak himself of his unreasonable dislike, and of his past delusions, the inference is favourable. If we know upon what subjects the patient entertained hallucinations, we should introduce a subject which has some connection with it, such as would excite a train of ideas most likely to renew the hallucination if it still existed; and if this does not succeed, we should introduce directly the subject of his hallucination, and narrowly observe the effect which it produces.

But it must not be forgotten, that, when the object of our inquiries is suspected, we may be unable to draw from the patient any indication of disease, even though it may be well known that he still entertains hallucinations. "They have sometimes such a high degree of control over their minds," says Haslam, "that when they have any particular purpose to carry, they will affect to renounce those opinions which shall have been judged inconsistent; and it is well known, that they have often dissembled their resentment until a favourable opportunity has occurred of gratifying their revenge." They are successful in concealing their state, with the view of escaping from confinement, which is for the most part irksome to the insane. Many interesting examples of this might be quoted:—Erskine, in his defence of Hadfield, mentioned two curious cases, and, though familiar to most readers, they illustrate the subject so well, that I shall in-

sert them. "I examined," says Erskine, "for the greater part of a day, an unfortunate gentleman who had indicted a most affectionate brother, together with the keeper of a madhouse at Hoxton, for having imprisoned him as a lunatic, whilst, according to his own evidence, he was in his perfect senses. I was unfortunately not instructed in what his lunacy consisted, although my instructions left me no doubt of the fact; but not having the clue, he completely foiled me in every attempt to expose his infirmity. You may believe that I left no means unemployed which long experience dictated, but without the smallest effect. The day was wasted, and the prosecutor, by the most affecting history of unmerited suffering, appeared to the judge and jury, and to a humane English audience, as the victim of the most wanton oppression; at last Dr. Sims came into court, who had been prevented by business from an earlier attendance. From him I soon learned that the very man whom I had been above an hour examining, and with every possible effort which counsel are so much in the habit of exerting, believed himself to be the Lord and Saviour of mankind, not merely at the time of his confinement, which was alone necessary for my defence, but during the whole time he had been triumphing over every attempt to surprise him in the concealment of his disease. I then affected to lament the indecency of my ignorant examination, when he expressed his forgiveness, and said, with the utmost gravity and emphasis, in the face of the whole court, 'I am the Christ,' and so the cause ended." A man of the name of Wood indicted Dr. Monro for keeping him as a prisoner when he was sane. He underwent a severe examination by the counsel for the Doctor, without exposing his complaint. Dr. Battie having gone upon the bench, desired the judge to ask what was become of the princess with whom he had corresponded in cherry juice; he showed

in a moment what he was. He replied that there was nothing at all in that, having been (as every body knew) imprisoned in a high tower, and being deprived of the use of ink, he had no other means of correspondence but by writing his letters in cherry juice, and throwing them into the river that surrounded the tower, where the princess received them in a boat. This trial took place in Westminster, and certain legal forms enabled Wood to indict Dr. Monro in London; and, conscious of the cause of his previous failure, not all the ingenuity of the bar, nor the authority of the court, could make him say a single word upon the subject of his delusion, though he was known to entertain it as strongly as ever.

A still more interesting case of the cunning which they display, and of the control over themselves which insane patients are capable of maintaining, is detailed by Haslam, and one, too, still more in point. A farmer who had been under the care of this gentleman, succeeded so completely in concealing his disease, that he was induced to consider him well, when the reverse was the case. He had not been long at home before his derangement was obvious to all those who had come to congratulate him on his restoration to health. His impetuosity and mischievous disposition increasing, he was again sent to a madhouse. From the first moment of his confinement he became tranquil and orderly, but remonstrated on the injustice of his seclusion. Having succeeded in deceiving Dr. Haslam, he was anxious that the opinion of that gentleman should be taken as to the state of his intellect, and assured his friends that he would submit to his determination. At his examination, for which Dr. Haslam had prepared himself, by obtaining an accurate account of his conduct, he managed himself with wonderful address. He spoke of the treatment he had received from those under whose care he was

then placed, as most kind and fatherly; he expressed himself as being very fortunate in being under the care of Dr. Haslam formerly, and paid him many very handsome compliments on his skill in the treatment of insane patients, and particularly dwelt on his sagacity in detecting the slightest tinge of insanity. When he was desired to explain certain parts of his conduct, particularly some extravagant opinions respecting certain persons and circumstances, he disclaimed all knowledge of such circumstances, and felt himself hurt that Dr. Haslam should have been so much prejudiced against him. In a short time he was removed and placed under Haslam's care, at which he expressed great satisfaction. The madhouse which he had formerly so much commended, became the object of severe animadversion: he said he had been treated while there with extreme cruelty, that he had been nearly starved, and eaten up with vermin. It was soon discovered that Haslam, in his absence, was as much the object of abuse as any of his supposed enemies, though to his face his conduct was respectful. More than a month elapsed after his admission into the hospital, before he pressed for an opinion as to his state of mind. At length he appealed to the Doctor for his opinion upon that point, and urged the correctness of his conduct during confinement as an argument for his liberation. But when he was informed of circumstances which he believed Haslam to be unacquainted with, and when he was assured that he was considered a proper patient for the asylum, he suddenly poured forth a torrent of abuse,—talked in the most incoherent manner,—insisted on the truth of what he had formerly denied,—breathed vengeance against his family and friends, and became so outrageous as to require strict confinement. He continued in a state of unceasing fury for more than fifteen months.

The case is certainly very interesting, yet I do not suppose that the patient was capable of suppressing, during all this time, the outrage and violence which he subsequently and unexpectedly displayed. He was no doubt always insane; but the disease was most probably aggravated by his discovering the hopeless nature of his position, that his arts had completely failed, and that there was no known limits to the period of his confinement.

These cases are highly instructive, and show that a firm resolution on the part of the patient, may sometimes baffle every art which we are capable of employing to make him betray the nature of his delusion. It is, I believe, a proper rule in these cases, not to contradict the patient, but rather to seem to agree with him, and to take an interest in his conversation, which may throw him off his guard, and induce him to confide to us some of his hallucinations, which are occasionally imparted as secrets to those for whom they entertain an attachment. It may also be proper to contradict the patient when the other mode has not proved successful; we may be justified even in irritating him so much as to put him into a passion, when his caution will in all probability be completely got the better of. We examine into the state of the physical functions likewise, and draw such a conclusion from their condition as that may seem to warrant. Such are the modes of examination which it may be proper to adopt. We put the faculties of the mind into operation, and watch the effects which are produced; we exercise the faculties in the simplest possible manner, for insanity is more readily detected in the simple operations of the intellectual faculties, than in any attempt at the application of the powers of the mind to abstract subjects. Very foolish questions are not unfrequently put with the view of ascertaining the sanity of a person's mind. I have heard abstruse metaphysical questions suggested for

this purpose, as for example, as to the power and attributes of a supreme being. Nothing can be more absurd; we can only draw correct inferences as to the soundness of mind of any given person, by comparing his present opinions with what it is certain that he must once have known. Now, we shall have no means of knowing, most probably, what views the patient may formerly have entertained upon abstruse metaphysical questions, or whether he had ever considered them at all. The state of the moral faculties should engage our particular attention. When the disease has formerly existed, and the more frequently it has recurred, the more easily should we be satisfied with slender evidence of unsoundness of mind. At the same time, the medical jurist should distinctly bear in remembrance, that personal restraint should be continued no longer than is absolutely necessary for the safety and well-being of the patient; and that he should be restored to all the privileges and responsibilities of his fellow-men as soon as that can be safely accomplished; not, however, to interfere, as is too frequently, I fear, done, with the progress of his treatment, and thus destroying the hopes which may have been entertained that the cure would prove permanent.

Mania, we have seen, may be successfully concealed, and it may likewise be attempted to be feigned. Indeed, this is by no means unfrequently the case; and this form of the disease, as it includes considerable excitement of manner as a symptom, accords with the popular notion entertained of insanity. It does not require to be stated how important it is that we should be able to detect impositions of this kind. Excitement of manner, violence in words and actions and gestures, are easily assumed; they may be taken up and laid down to suit the purpose of the impostor, but I believe the imposition will rarely prove successful if properly investigated. Mania rarely explodes

suddenly, except under circumstances which sufficiently account for the occurrence. We should trace the history of the patient for some time previous to the appearance of incoherence in his ideas, and violence in his manner. If we can find no trace of change of character,—no evidence of perversion of the affections,—no proof of change in the intellectual and moral faculties, even before the appearance of hallucination and excitement,—and if we can discover none of those causes which are likely to have produced a sudden attack of mania, we should regard these anomalies as sufficient to excite suspicion as to the disease being real.

A person acquainted with the aspect and attitude of maniacs, with their personal appearance and manner, will never be at a loss to detect the impostor. The medical jurist will generally find in the action and conversation of the person feigning mania, some link of more correct association than would exist were the disease real, and the excitement as great as has been assumed. The trains of ideas are followed out to a greater length, and many peculiarities are introduced to make the case more prominent, the inconsistencies of which may have the effect of detecting the deception. In the fury of mania the patient is never at rest night or day; the impostor can keep up this excitement for a certain length of time only, and is obliged to rest to recover himself from the effects of his over exertion. If we see a man talking loudly, threatening all around him with personal violence, and then sitting down quietly for a while to recover himself, it is almost certain that he is simulating his condition. He cannot, besides, by any effort he is capable of making, prevent himself from falling asleep; the continued watchfulness of mania is highly characteristic of the disease; powerful doses of narcotics may be administered, they have little effect, in comparison, upon a maniac, that they have upon a person in health. The violence

of mania continues whether the person be alone or not; a person feigning the disease would not, unless very artful indeed, continue that violence when alone, and we have it always in our power to watch him unknown to him.

Some time ago, I had an opportunity of seeing, along with Dr. Corkindale of this city, a man who was confined in prison, and about to undergo his trial for some frauds which he had committed. He became insane, and displayed some peculiar hallucinations, along with considerable excitement of manner, and occasional out-breaks of violence. He would refuse, for example, to take his food out of the vessels in which it was presented to him, but he threw it down upon the floor, and sucked it into his mouth from the ground. Dr. Corkindale had strong reason to believe that the man was feigning his disease, and to test this he practised a very ingenious device in my presence. He knew that he could be excited to greater violence than he usually exhibited, that, in short, he could be put into a passion, and the Dr. resolved to examine him during the violence of his rage, when he would most probably be completely thrown off his guard. The gaoler, at the Doctor's desire, presented him with a draught of water, which it was known that he would refuse, and upon a preconcerted signal it was dashed in his face. Instantly he flew upon the man, grappled with him, and exerted the most effectual combination of his powers to overthrow him. He continued to struggle for a considerable length of time, not like a maniac who could not have combined two ideas together, and who would have been incapable of knowing the effect of combined movements, but his whole motions were those of a man who had assumed the best principles for overthrowing his antagonist, and who was quite capable of combining them in the manner the most likely to prove effectual. We left the prison quite satisfied from this ex-

hibition alone that the man was not insane; which opinion was fully verified in the sequel.

The day of trial came, and he still affected insanity, and refused to plead to the indictment. Dr. Corkindale was examined as to his state of mind, and bore decided testimony to his belief that the disease was feigned. The trial then went on; the accused was found guilty, and sentenced to transportation for a term of years, when, of course, it was not worth his while to continue the deception he had been practising, and he frankly confessed his artifice, and the object which he had in view. When mania is feigned —and the remark holds good in reference to the simulation of other diseases—the part is generally over-acted. They seem to think they cannot crowd a sufficient number of symptoms into their disease, and this over-acting of the part which they have assumed, frequently affords the very best means of detecting the deceit. The medical jurist should remember as a valuable distinction between mania and the feigned disease, that the insane rarely acknowledge their belief in their melancholy situation. They generally believe themselves to be perfectly sane, and pride themselves not a little upon the correctness of their intellectual exertions; in the feigned case we may have no attempt made directly to persuade us that he believes himself to be insane, but the impostor will make no endeavour to convince us that he is of sound mind. Tell an insane patient that he is mad, and he instantly contradicts you, and he endeavours to show that he is not, though quite unconsciously he may be furnishing the most decided proof all the while that he is of unsound mind; while to state your belief in the hearing of a person who is feigning insanity, that he is really insane, you will be met by no contradiction. On the contrary he will most probably endeavour to illustrate the truth of your remark by conduct

which he thinks will be deemed conclusive evidence of his disease.

It has been said already, that, except in the active stage of mania, universal disturbance of the intellectual and moral faculties does not generally exist; that insane patients are, in the great majority of cases, capable of a certain degree of intellectual exertion; and that, even during the ravings of mania, a patient may be arrested, his attention may be directed for a moment to fresh trains of thought; and that in this way he may be made to reply to questions with more or less accuracy. Under these circumstances, the answers to our first questions will for the most part be correct; the patient soon becomes incoherent, but the first questions are generally correctly answered: a person feigning mania would, most probably, give incoherent and absurd replies from the very commencement of the conversation; and, at all events, if any of his replies were correct, unless he was intimately acquainted with the phenomena of the disease he had resolved to simulate, these would be given after the conversation had been continued for a considerable length of time, when his caution had been got the better of.

Dr. Rush has proposed a distinction, founded on what he believed to be the uniform fact, that the pulse is more frequent in most forms of insanity, than in health; and that this applies particularly to mania. He details the following facts, in proof of the accuracy of this means of diagnosis. Two men were condemned to death for treason. One of these was said to have become insane after sentence of death was pronounced upon him. A medical man was consulted, who declared the madness to be simulated. Washington directed that several medical men, of whom Rush was one, should meet and hold a consultation on his case. The man spoke coherently upon several subjects,

so much so that the state of his mind seemed doubtful. Rush suggested the propriety of examining his pulse. It was more frequent, by twenty beats in the minute, than it is generally found to be in a healthy state of the mind and body; and he was not labouring under any physical disease, which could account for the acceleration of the pulse. Some of the medical gentlemen ascribed this to fear; but upon examining the pulse of his companion, who stood condemned to death also, it was found to be quite natural both in frequency and strength. Upon this circumstance, chiefly, the medical gentlemen decided that he was insane. Though this distinction be worth attending to, yet I should not be disposed to place so much reliance upon it as Dr. Rush seems to have done. It is certainly possible, notwithstanding the conclusion to which the consultation came upon the case of this condemned person, that the acceleration of the pulse might have been entirely caused by the terror of death which was impending over him; while the other might have been so indifferent to his fate, as not to have had any effect produced upon the action of the heart.

The rotatory chair has been considered by some as an infallible mode of discriminating between the real and the feigned disease. Nausea and vomiting, and even syncope, are produced by it after a few minute's exercise; and to such a degree, that the spirits are entirely gone, the fortitude completely subdued, and they are unable to go on with the task they had undertaken to perform. A man of the name of M'Dougal, who feigned insanity when accused of sinking ships for the purpose of defrauding the underwriters who had insured them, was successfully submitted to the discipline of the rotatory chair, in this city. This means may no doubt be successfully employed in some instances, but it is not the infallible criterion which it has been described to be; because it not unfrequently

produces the same severe effects upon those who are really insane; so severe, indeed, as to excite alarm lest it may have been carried too far; the syncope thereby induced has been sometimes very long continued, and the weakness extreme.

It is proper to remember, that there is no effect without its cause; that mania is as essentially the consequence of a chain of causes, as any other human infirmity. If, therefore, we are unable to discover that any of the causes of mania have been in operation,—if the disease does not come on in the usual manner, but explodes suddenly without our being able to explain how this has happened,—and if there appear to be strong motives in the position of the person to feign insanity, we have to remember that it is still possible that he may be deranged, but there are valid grounds for suspecting that the disease is not real.

Georget has related the case of a man of the name of Pierre, tried at Paris in 1822, for fraud and imposition, and who simulated maniacal disease to escape the consequences of his crimes; and he has given several of the answers of this pretended madman, to questions put to him when under examination, not one of which, it is probable, would have been given by an insane patient. Pierre was accused of fraud and imposition and fire raising. When first apprehended, he answered questions correctly; but after being confined some time, he became furious, breaking and tearing every thing within his reach, and throwing the furniture of his apartment over the window. He was removed from the prison to the Bicetre, that he might be more under the inspection of the medical men who were called upon to give an opinion as to the sanity of his mind. While in the Bicetre, he formed an acquaintance with another pretended fool, who was there for the same object. One night a fire broke out in a part of the building occupied by

insane patients. The fire broke out in three places at the same time, which showed that it was premeditated. Next day it was found that the two pretended fools had disappeared during the confusion occasioned by the fire. Pierre was arrested at a distance from Paris, in a house where his wife was employed, and to which he had gone to conceal himself. But I have chiefly cited the case for the purpose of examining, and making a few remarks on, the answers which he gave when under examination upon his trial. "Q. How old are you? A. Twenty-six. (He was forty-three.) Q. Have you had any transactions with M.M. Pellene and Desgranges? (both of whom he had cheated.) A. I do not know them." This would not have been the answer of an insane patient. "Q. Do you know that witness? (The servant in a house where he had lived.) A. I do not know that woman." This answer was sufficient almost of itself to prove that the man was not insane. "Q. Could you mention the name of any one who was imprisoned along with you at La Force, who could give some account of the state of your mind then? A. I do not understand that. Q. You escaped from the Bicetre? A. Were you there yourself." Such would not have been the answer of a maniac, which this man was, if he was insane at all. The reply comprehends all the elements of sanity; there is the perfect apprehension of the question—there is the desire to be rude—there is the perception of the effect which such an answer was likely to have upon the court, exciting a laugh at the expense of the questioner, altogether different from what the reply of a madman would have been to a similar question. "Q. At what hour did you make your escape? A. At midnight: one o'clock—three o'clock." In this answer there is no evidence of madness. The question is distinctly understood; he mentions one hour—and then to make what he had just said

appear ridiculous, he immediately adds other two hours; but these hours are correctly stated. The whole idea relates to time; and though the question is answered in a foolish manner, it still presents no evidence of incoherence; the associating faculty is in a sound state. The question raises the idea of time, and the whole answer is in conformity with the idea which has been called up. "Q. What road did you take? A. That of Meaux en Brie." (He had taken the road towards Normandy.) Here the answer is simply false; the madman would have told the truth. The question is so far correctly answered; it contains no evidence of mental alienation,—it is simply a falsehood, which is no evidence of insanity. "Q. Can you tell us who set fire to the Bicetre? A. I do not understand what you say to me." Nothing can be clearer than the evidence which this answer furnishes, that this man was an impostor. A maniac would never have said so, if he really did not understand what was said to him; he would have answered by the dominant idea in his mind at the time. Indeed he would not have been conscious that he did not understand the question put to him. An insane patient who was incapable of understanding so simple a question, would have been quite unconscious of his not understanding it. During the trial, when accused of having set fire to the Bicetre, he abandoned himself to fearful imprecations; he interrupted his counsel and the advocate-general in their pleadings, by denying the crimes laid to his charge, by foolish remarks, and by the violence of his manner and rudeness of his language. The opinion of Esquirol, who was examined in this case, was, that Pierre simulated insanity; and the whole circumstances of the case afford abundant proof of the correctness of that opinion.

By attending to the distinctions which I have pointed out,—by long and repeated examination of the manners

and conduct of the person suspected of feigning mania—as well when he does not know that he is watched, as when he is aware of our presence,—by a careful scrutiny of his conversation, which may show greater coherence, a more correct state of the associating power, or even natural association in his feigned incoherence, than would exist were the disease real,—we shall seldom, I believe, be imposed upon.

DELIRIUM.—MEDICO-LEGAL APPLICATION.

A patient labouring under a disease attended with delirium, is, of course, to be regarded, as long as the delirium exists, as of unsound mind. He may be, in some cases of delirium, particularly that form of it which depends upon long indulgence in intoxicating liquors, a fit subject for restraint in a lunatic asylum. Some doubts have been expressed by medical authorities upon the correctness of this position, which have no weight in my mind whatever. There can be no question as to the propriety of placing such a patient under restraint while the delirium exists in its active form. Indeed, this may be absolutely necessary, and the only means we possess to insure his own safety, as well as that of his friends; but, independently of this, I should have no scruple in retaining such a patient in an asylum, to afford some chance of a permanent cure being produced—that he might be weaned, as it were, from the vice, which will most assuredly bring on a renewal of his disease if he returns to it. Our experience of the hopelessness of the unassisted efforts of the person being successful in restraining him from the baneful indulgence to which he has become addicted, is so great, our confidence in even the best resolution to abstain being supported for any length of time is so exceedingly small, that there can be no doubt, if a cure is to be hoped for, it must be by the

feeble resolution of the patient being invigorated by circumstances which render it impossible for him to return to his bad habits for a very considerable length of time. I never knew a confirmed drunkard reformed by his own firmness of mind,—I never knew a man frightened into correct behaviour by delirium tremens, and I have known a patient have upwards of twenty attacks of this disease, which were arrested by the termination of life, not by any improvement in his habits. It is not to be supposed that the existence of such a disease even as delirium tremens, will prove a warning against the indulgence in intoxicating liquors which produced it, when we find that though the patient may be solemnly warned that his days are numbered if he persevere in drinking, yet it will have no effect whatever in restraining him. I am well aware that the opinion which I have now stated is not supported by law, yet I am firmly persuaded that the sooner it becomes law the better. How are we authorised at all to restrain the liberty of patients of unsound mind? and what is the object in doing so? I have already said that the object is twofold,—to protect the patient and his friends from the injurious consequences to which the disease may give rise, and to contribute to the promotion of his cure. Should the same rule not guide us in promoting the cure of a disease which is removable only in one way, viz. by continuing the personal restraint for a considerable time; and which all experience shows us is incurable if the patient be left to his own unassisted resolution to amend? The theory of punishment for criminal acts seems to me to furnish a justification of the opinion which I have ventured to advocate. All punishments are inflicted, either as a warning to others, or as the means of reformation to the criminal himself. Would not the restraining the personal liberty of a con-

firmed drunkard operate in both these ways? Would it not prove a warning against a most debasing vice, one too, which is gaining ground daily in this country, so much so, indeed, as to be producing a change upon the physical and moral aspect of the community? I am satisfied that it is the only way in which the reformation of the drunkard is to be hoped for. It would just be as easy to regulate by law houses for the reception of drunkards, as it is to regulate asylums for the cure of the insane.

Patients labouring under delirium, are, of course, quite incapable of executing any testamentary deed; yet it is well known, that while labouring under delirium they not unfrequently present a degree of calm, and coherence of mind very remarkable in itself, and very unexpected, immediately before death, during which, if the delirium should not return, which, however, it very often does, they might be considered quite fit to dispose of their property by will. Sir Henry Halford has given some curious details upon this interesting subject, in his essay on the description of the Καυσος, or brain fever, by Aretaeus, which he regards as one of the most interesting medical details which have come down to us from the ancients. "The author states that the first effect of the subsidence of the violent excitement is, that the patient's mind becomes clear, that all his sensations are more exquisitely keen, that he is the first person to discover that he is about to die, and announces this to his attendants." Sir Henry Halford details a very interesting case in illustration of the truth of the description of Aretaeus:—"A young gentleman, twenty-four years of age, who had been using mercury very largely, caught cold, and became seriously ill with fever. His head appeared to be affected on the fifth day; and on the seventh, when I was first called into consultation with another physician who had attended him

with great care and judgment from the commencement of his illness, we found him in the highest possible state of excitement. He was stark naked, standing upright in bed, his eyes flashing fire, exquisitely alive to every movement about him, and so irascible as not to be approached without increasing his irritation to a degree of fury. He was put under coercion; and, amongst other expedients, tartar emetic was ordered to be administered to him in doses of a grain each time at proper intervals.

"On the eleventh day of his disease I was informed by my colleague when we met, and by the attendants, that he was become quite calm, and seemed much better. It was remarked indeed, that he had said repeatedly, that he should die; that under this conviction he had talked with great composure of his affairs; that he had mentioned several debts which he had contracted, and made provision for their payment; that he had dictated messages to his mother, who was abroad, expressive of his affection, and had talked much of a sister who had died the year before, and whom, he said, he knew he was about to follow immediately. To my questions, whether he had slept previously to this state of quietude, and whether his pulse had come down, it was answered, No; he had not slept, and his pulse was quicker than ever. Then it was evident, that this specious improvement was unreal, that the clearing of his mind was a mortal sign, a lightening before death, and that he would die forthwith. On entering his room he did not notice us, his eyes were fixed on vacancy, he was occupied entirely within himself, and all that we could gather from his words was some indistinct mention of his sister. His hands were cold, and his pulse immeasurably quick—he died that night." * This clearing up of the

* Essays and Orations, by Sir Henry Halford.

mind immediately before death, from other diseases, as well as inflammation of the brain, is by no means an unusual circumstance. I have never known it in the epidemic typhus of this country, nor has any instance of it occurred to any of those gentlemen, who have had most experience in the treatment of that disease, whom I have consulted. Sir Henry Halford has further said, in the essay which I have already quoted; "we have all observed the mind clear up in an extraordinary manner in the last hours of life, when terminated even in the ordinary course of nature, but certainly still more remarkably, when it has been cut short by disease, which had affected for a time the intellectual faculties. We have seen it capable of exercising a subtle judgment, when the passions which had been accustomed to bias and embarrass its decisions when they excited, were extinguished at the approach of death; when the inferences which wisdom had drawn from experience of the former behaviour of men were now made available to a correct estimate of their future conduct, in the sense of Milton's lines:

> "When old experience does attain
> To something like prophetic strain."

An illustration of this argument may be read in the beautiful valedictory address of the elder Cyrus to his two sons and his friends assembled round his death-bed, to receive his last instructions. The speech full of good sense, of truth, and of practical wisdom, is not less worthy of the favourite disciple of Socrates who records it, than of the great king, who having been predicted by name, some centuries before he existed, as the instrument hereafter to accomplish the will of providence, imparted these results of his experience at the close of his illustrious life. The speech begins, Παιδες εμοι και παντες οι παρονλες φιλοι! εμοι μεν τε βιε το τελος ηδη παρεστιν," &c.

I have known a dissipation of the intellectual darkness which attends delirium tremens, take place previous to death. It occurs in those cases in which the delirium and tremor have been subdued, and when the patient sinks in consequence of some other physical disease. It is important for the medical jurist to be aware of the facts which I have now stated; and that this restoration of the faculties of the mind may be so complete as to enable the patient to dispose of his property by will. The lucid interval I believe to be more perfect in these cases than it is for the most part in mania, when it is equally short, and to be more susceptible of distinct proof.

Sir Henry Halford in his essay on the "popular and classical illustrations of insanity," has shown the value of Shakspeare's test of "rewording" * the matter in such cases by a very interesting example:—"A gentleman of considerable fortune, about thirty-five years of age, sent for his solicitor to make his will. He was in habits of strict friendship with him, and stated that he wished to add five hundred pounds a-year to his mother's jointure, if she got well, she being then (to the knowledge of the solicitor and himself only) confined as a lunatic, to make a provision for two natural children, to leave a few trifling legacies, and then, if he died childless, to make him, the solicitor, his heir. His friend expressed his gratitude, but added that he could not accept such a mark of his good opinion, until he was convinced that it was his deliberate judgment so to dispose of his property, and that decision communicated to him six months afterwards.

* ——————— Ecstacy!
My pulse, as yours, doth temperately keep time,
And makes as healthful music. It is not madness
That I have utter'd; bring me to the test,
And I the matter will reword, which madness
Would gambol from.

" In about six months time the gentleman became deranged, and continued in such a state of excitement for a whole month, (during which he was visited by Sir George Tuthil and myself) as to require coercion every day. At the expiration of that time he was composed and comfortable. But his languor and weakness bore a proportion to his late excitement, and it was very doubtful whether he would live. On entering his room one day, to my question how he found himself, he answered: ' Very ill, Sir, about to die, and only anxious to make my will.' . He was persuaded to forego that wish for the present. The next day he made the same answer to the same question, but in such a tone and manner as to extort from common humanity, even at the probable expense of future litigation, an acquiescence in his wish to disburthen his mind. The solicitor was sent for, and having been with him the preceding evening, met us at our consultation in the morning, with a will prepared according to the instructions he had received *before the attack of the disease as well as those given the last night.* He proposed to read this to the gentleman in our presence, and that we should witness the signature of it, if we were satisfied that it expressed clearly his intentions. It was read, and he answered, yes,—yes,—yes, distinctly to every item, as it was deliberately proposed to him. On going down stairs with Sir George Tuthil and the solicitor to consider what was to be done, I expressed some regret that we, the physicians, had been involved in an affair which could hardly be expected to terminate without an inquiry in a court of law, in which we must necessarily be called upon to justify ourselves for permitting this good gentleman, under such questionable circumstances, to make a will. It occurred to me then to propose to my colleague to go up again into the sick-room, to see whether our patient could reword the matter, as a test, on

Shakspeare's authority, of his soundness of mind. He repeated the clauses which contained the addition to his mother's jointure, and which made provision for the natural children, with sufficient correctness; but he stated that he had left a namesake, though not a relation, ten thousand pounds, whereas he had left him five thousand pounds only; and there he paused. After that I thought it proper to ask him, to whom he had left his real property, when these legacies should have been discharged,—in whom did he intend that his estate should be vested after his death, if he died without children? 'In the heir at law, to be sure,' was the reply. 'Who is your heir at law?' 'I do not know.'* He died four days afterwards."

Not only does the mind clear up previous to death, but we observe a wonderful mitigation in the severity of the purely physical symptoms, so that an interval of comparative relief from suffering attends the last moments of life in the majority of instances, not more gratifying to the medical attendant, than solacing to the feelings of surviving relatives. It must not be forgotten, that delirium, or an obscuring of the intellectual faculties frequently precedes death, when the disease which has led to the fatal result had not in its more active form been attended by any intellectual disturbance, but a consideration of this subject will be more properly introduced in another place.

A person of course is morally irresponsible for any act which he may have committed during the existence of delirium. During the height of the frenzy, which sometimes accompanies this state, if he should assault or murder another, he is legally irresponsible for the act. Some difficulty may occur in those cases in which the delirium has been excited by the continued indulgence in intoxicating liquors, and though I have already said I do not con-

* Halford, *ut ant.*

sider such patients to be morally irresponsible for the acts which they commit, they are justly to be held as legally so, as far as regards the punishment of death. I cannot distinguish between the criminality of acts committed under the influence of intoxication from indulgence to excess in intoxicating liquors, as an immediate consequence, and that of acts committed during delirium from the long-continued abuse of ardent spirits, as a remote consequence, as some have attempted to do. Mr. Alison has thus explained the Scotch law upon this subject: "If the insanity has supervened from drinking, without the pannel having been aware that such an indulgence in his case leads to such a consequence; or if it have arisen from the combination of drinking, with a half crazy or infirm state of mind, or a previous wound or illness which rendered spirits fatal to his intellect, to a degree unusual in other men, or which could not have been anticipated, it seems inhuman to visit him with extreme punishment." It is remarked by Orfila, that if a man is seized with delirium tremens, he is not to be held as responsible for his actions, and if he is to be punished for the cause of his criminal act, many insane patients would be equally liable to punishment.

This view of the subject is further supported by what I have already said as to the improbability of a person who has become habituated to the use of intoxicating liquors to such a degree as to cause attacks of delirium tremens, being able by his own unassisted efforts to abstain from his vicious habit, the habit has become in fact an inveterate disease, but it strengthens the argument for the power of restraining his personal liberty, till the vice shall have been got the better of. I am unable to reconcile, except upon this view of the question, the propriety of the minor punishment of imprisonment (for it is nothing

else) which is adopted in those cases in which murders have been committed in this state of mental aberration, which are not punished with death.

Indulgence to excess in intoxicating liquors not unfrequently comes on at periodical intervals. It is by no means unusual for persons to be remarkably sober for a considerable length of time, perfectly correct in every respect, and even more than ordinarily abstemious, who, nevertheless, at stated intervals, indulge to excess in intoxicating drinks. These periodical returns of intense inclination for ardent spirits are sometimes very regular. Henke has related the case of a man who had been subject to periodical fits of drunkenness for years, who, during one of these returns of his vicious habit, murdered his own son, a boy five years old. An interesting case of this periodical and uncontrollable desire for drink, is related in a recent number of a German journal. A *learned* bachelor who had been always addicted to wine, when between the fiftieth and sixtieth year of his age, became regularly, at intervals of between two and three months, subject to this extreme desire for intoxicating liquors. These fits were preceded by dryness of skin and tongue, costiveness, feeble and slow pulse, unusual irritability, restlessness, sleeplessness, and great debility. After a few days the pulse became fuller and quicker, the skin hot, the urine scanty, when the uncontrollable desire for wine came on. He shut himself up in his room, to which no one, except an old domestic, was admitted, laid himself down in bed, before which he had placed several dozens of bottles of strong red wine, and drank day and night, until he had emptied them. This desire for wine continued for three or four days, when it was terminated by free vomiting. In the intervals he attended to his business in a regular manner, had neither the appearance nor the manners of a

drunkard, and retained the full enjoyment of his reason till his death, which happened in the sixty-second year of his age.* This disease, for it deserves no other name, is not uncommon, it is to be feared, among *learned* men.

It is hardly worth while to notice the furious delirium which is sometimes excited by the use of opium, and other narcotic drugs, because it does not possess any practical interest in this country, whatever it may do in others where opium is used to excess.

Many cases have occurred in which murder has been committed during an accession of delirium tremens, and several in which that disease has been set up as a defence, one or two of which I shall briefly notice. George Waters, a ship-carpenter, about thirty years of age, was tried at Edinburgh, in November, 1831, for the murder of his son, a boy seven years of age, by means of a common table fork; a number of small wounds had been inflicted at the lower part of the sternum, some of which had penetrated into the chest, others into the abdomen. A great effusion of blood was found, both into the pericardium, and into the cavity of the abdomen, in consequence of these cavities having communicated with each other by the wounds which had penetrated through the diaphragm. The right side of the heart was penetrated by eight or ten small wounds, two of which were into the right auricle, the rest into the ventricle.†

For some time before the murder, Waters had become unsteady at his work, and had fallen into habits of dissipation, which proved equally injurious to himself and his family. In consequence of his frequent state of intoxication, and his outrageous conduct on such occa-

* Zeitschrift für die Staatsarzneikunde.

† Medico-Legal Treatise on Homicide by External Violence, by A. Watson.

sions, he was often excluded from his own house by his wife, who apprehended danger to herself or her children. His conduct had several times given distinct proof of mental derangement for short periods. In one of these he was taken to the Police Office in Leith, where he seemed to those who saw him to be labouring under delirium tremens. On the night previous to the murder, Waters had been much intoxicated, and was refused admission into his house. In the morning he returned, and was admitted; he got some food from his wife, and then went out and got some whisky. About half-past twelve o'clock, on the day of the murder, Waters induced his son to accompany him to Edinburgh, to visit his aunt who lived there. The father, leading his son by the hand, now proceeded towards Edinburgh, and was observed to take an old rusty fork from the boy, and put it into his pocket. He proceeded towards Stockbridge, but before arriving there, he departed from the road, and crossed the water of Leith to the field where he murdered the boy in a ditch in the manner already described. Waters was seen by several persons both immediately before and after the murder, all of whom, as well as those who saw him on the evening of the same day, thought him to be in a state of derangement, from his wild frantic appearance, his incoherent talk, and insane gesticulation. In the afternoon and evening of the same day he was seen at Craigleith and Cramond, speaking and acting in an incoherent manner. In particular, he brandished the fork in his hand, took off part of his clothes on the high road, trampled upon them, and said he was an honour to his country, being Sir William Wallace, and waited there for his title, which was to come from heaven. Early next morning he was found on a stair at Stockbridge, speaking incoherently, and so loud that he alarmed the neighbours. He was accused of the murder

of the boy, which he at once acknowledged, and said that he was the unfortunate man who did it. In the forenoon of that day he was found more composed, and spoke with great regret of the death of his son, and said he could not conceive how he could have been guilty of such a crime. He seemed to be a man rather of weak intellect, but showed no indication of insanity, or of any mental hallucination. He was acquitted from the charge of murder, and ordered to be confined for life.*

There can be no doubt of this having been a case of murder committed during a fit of delirium, produced by intoxicating liquors. The man was not, and never had been insane; he was of weak intellect, but capable of working like other men at his trade of a carpenter; he had been subject to previous attacks of the disease; he was outrageous when intoxicated; the unpremeditated commission of the deed; the brutal mode of it; the short duration of his delirium, so common a circumstance in that form of it produced by habitual indulgence in ardent spirits, sufficiently prove the nature of his disease, and vindicate the correctness of the verdict of the jury.

Several interesting trials have taken place in America, in which the exculpatory plea of unsoundness of mind on account of delirium tremens has been urged, and which have been detailed by Beck. John Birdsall was indicted in 1829 for the murder of his wife with an axe, by dividing the spinal column in the neck. He was about fifty years of age, and had been married to this, his second wife, nineteen or twenty years, and had children by her. For some years previously he had been subject to occasional fits of intoxication. These had of late been followed by delirium tremens, which generally lasted several days, and went off spontaneously.

* Watson, *ut sup.*

He was very watchful, and his prevailing maniacal delusion was that his wife was in combination with his neighbours against his life. He had charged her during his paroxysms with criminal intimacy with these, among others, his own son, by a former marriage, and had threatened to kill her. On Sunday he was intoxicated; Monday, Tuesday, and Wednesday presented nothing unusual. On Wednesday evening he complained of being unwell, but seemed to be rational. He slept none that night, and next day the family thought him crazy, but were not alarmed. In the course of it he took an axe and went to a neighbour, whom he desired to return with him, as he stated they wanted to kill him. He spent the day at home, apparently in terror and agitation; manifested jealousy of his wife; barred the doors, and fancied the persons of whom he was jealous were manufacturing ropes to hang him. In the course of the afternoon, he suddenly committed the murder. His wife was sitting by the fire, and he had been walking the room. After the fatal blow on the neck, he followed it with two or three on the face. His eldest daughter seized the axe, which he yielded, and took a scythe and attempted to strike her. She defended herself till the door was opened. He acknowledged the murder when arrested, and said he knew he would be hung, but ought to have done it sooner. He talked at this time so rationally, that many of the witnesses could not believe him deranged. He evinced no dread of punishment, but was still in great apprehension of those who, he had believed, had intended to kill him. On the trial, three medical witnesses agreed that he laboured under delirium tremens when he committed the murder; and in his defence it was urged, that when drunkenness gives rise to insanity, it should cause immunity, and hence form a legal excuse. On the other hand it was remarked, that

Birdsall knew that this delirium followed his intoxication, and hence it was voluntary. The law, therefore, held him accountable for his actions. He was found guilty and sentenced to death, which, however, was ultimately commuted to imprisonment.

As a proof of the propriety of this commutation of punishment, during the period which elapsed between his sentence and this commutation, he again became insane in prison. Although on the trial he had confessed the murder of his wife, and urged that he had been insane when committing it, yet now he positively denied it, and said she was alive. He said that she had not only spoken to him through the walls of the prison, but had visited his apartment several times. On the day previous to that appointed for his execution, while he knew nothing of the change of punishment, he was urged to sign a petition to the governor for pardon, in which there was an admission that he had murdered his wife, but that he must have been insane when he did it,—he refused obstinately, and with violence; although he wished to live, he would not consent to introduce this.* It is suggested that the low diet, the darkness and solitude of his prison, may have reproduced and fixed the state of insanity, which continued for nearly a year after this period, the latest that accounts were received of him.

The same author has related another case of murder committed during an attack of delirium tremens, nor is it a solitary instance in which this disease has led to a like catastrophe under similar circumstances. Alexander Drew, commander of a whaling ship, was indicted for the murder of Clark, his second mate, while on the high seas. He had sustained a fair character, and was much respected in the

* Elements of Medical Jurisprudence, by Beck, vol. i, p. 628.

place where he resided. He was proved to be a man of humane and benevolent disposition, but that for several months he had been addicted to the use of ardent spirits, and for weeks during the voyage had drunk to excess. In August, 1827, they spoke a vessel, from which Captain Drew obtained a keg of liquor. He drank until he became stupified; but when he recovered, he ordered the keg and its contents to be thrown overboard. There was now no more liquor on board of the ship. In two or three days Drew discovered signs of derangement. He could not sleep; had no appetite; thought the crew had conspired to kill him; was unwilling to be alone; expressed great fears of an Indian who belonged to the ship; called him by name when he was not present; begged he would not kill him, saying to himself he would not drink any more rum. He would sing obscene songs, and then hymns, and alternately pray and swear. He made an attempt to throw himself overboard, but was prevented. The next morning he, with Clark and the first mate, were at breakfast, when he suddenly withdrew from the table, and appeared to conceal something under his jacket, which lay in another part of the cabin. He immediately turned to Clark, and requested him to go on deck. "When I have finished my breakfast, Sir," was the answer. Drew said, "Go upon deck, or I will help you;" and instantly took out a knife which had been covered by his jacket, and stabbed Clark in the right side of the breast. As one of the witnesses was passing out of the cabin, Drew snapped a pistol at him, but it missed fire. He was secured and bound, but remained some weeks in this state. When recovered, and he was told of the murder, &c., he replied that he knew nothing of it,—all that he was conscious of was, that when he awoke he found himself hand-cuffed. It did not appear that there had been

any quarrel between Clark and Drew for months previous.* The judge arrested the trial when these facts were elicited, stating it as his opinion that the indictment could not be maintained.

That both these patients were of unsound mind no doubt can be entertained; and yet it is clear that it was induced by indulgence in a vicious habit, which, at one period of their lives, they had it in their power to abstain from. Delirium tremens does not always immediately follow the excessive use of intoxicating drinks,—in many, perhaps most cases, it does not make its appearance till the person who has addicted himself to this vice has abstained from their use for a certain length of time. A patient was under my care, in the Royal Infirmary of this city, on account of delirium tremens. The account which we obtained of his case was, that he had been intoxicated for about ten days, that his money being then all spent, he had been obliged to abstain from the use of ardent spirits entirely, and that, in the course of twenty-four hours thereafter, he was found in the streets in a state of great excitement, and was conveyed to the infirmary. He displayed so much violence, that he was obliged to be confined in a strait waistcoat, from which he contrived to extricate himself, though it would have seemed almost impossible to accomplish this,† and the nurse arrived just in time to pull him back as he was in the act of leaping out of the window. I happened to visit the hospital at this time, and found him standing naked in the middle of the ward, with his eyes flashing

* Beck, *ut sup.*

† Chiarugi has thus adverted to this fact in his admirable description of mania:—"Non ossante tanto travaglio de corpo, e di spirito, sembra che, per cosi dire ogni di più cresca la robustezza del medesimo, mediante la quale si rende capace di frangere i piu validi lacci, e fino le stesse catene: Fenomeno capace di destar meraviglia in chi lo vede eseguito in tutta la sua forza, ed estensione."—*Della Pazzia in Genere e in Specie, tom* 2, *p.* 96.

fire, and brandishing the fire irons in a most ferocious manner. He had put to flight every patient who was able to leave his bed, the nurse had fled also, and it was with considerable difficulty, and not without danger, that he was ultimately secured.

It seems only necessary to remark farther, that delirium tremens can neither be successfully concealed nor feigned.

CHAPTER V.

MONOMANIA.

Monomania is that form of insanity which is characterised by partial alienation of mind. The patient is capable of reasoning with a certain degree of correctness upon the ordinary affairs of life—of exercising a sound judgment upon the majority of subjects, while upon one topic or train of ideas, he entertains the most absurd delusions. Monomania is the general term which has been given by Esquirol to all those varieties of mental disease which present this one feature of partial alienation of mind, whether that partial disease arises out of intellectual or moral aberration. This term has been adopted by succeeding writers; and, though not perhaps perfectly accurate, it is preferable to any other which has been proposed. It is impossible to say upon what subject the patient may display alienation of mind: his delusions sometimes relate to others, and to external objects, but they are connected more intimately with the passions than with perception or intellect. They relate at other times to the state of his person—to his health. A prominent symptom, in many cases, is the extreme melancholy and gloom in which the patient is sunk. So common is this, indeed, that it, for long, gave the generic name to this disease; or rather, the cause from which it was supposed to arise, was

applied to that state of mind which is its most characteristic symptom.

The monomaniac, then, is a person who is of unsound mind, limited to one subject or one train of ideas, while upon other topics he may be perfectly capable of forming correct opinions, of reasoning correctly, though most probably his judgment is not so clear and acute as that of other men upon any subject: but this is not all; he is not only insane upon some one point or another, but that is the dominant idea in his mind,—it is not a subject which occupies no more of his attention than its interest would seem to claim, even though he entertains erroneous opinions about it, but it is ever present to his mind: talking, he speaks of it—silent, he thinks of it—sleeping, he dreams of it;—no other subject has the slightest share of his attention—he has no sympathy for other men's interests—he cares for nothing which does not bear some relation to the hallucination,—which poisons his enjoyments, and renders life an almost intolerable burden to him. In some cases the patient is happy, gay, and sprightly, while he entertains the most absurd delusions as to the exalted character which he bears, believing himself to be a king, or a conqueror, or even a deity. Or he is fully persuaded that he is possessed of unbounded wealth, the amount of which he can hardly find figures to estimate. In other instances he is haunted by some insane desires, or impelled by uncontrollable impulses, to commit acts the most revolting and unnatural.

Attacks of monomania do not reach their worst stage except by gradual steps; and at the commencement, the disease shows itself, for the most part, by some notable change taking place in the manners and character of the patient; he is observed to be unusually sad and gloomy, he is rarely seen to smile, he flees from cheerful society, and secludes himself as much as possible. Some hidden grief

seems to be weighing upon his spirits. He is exceedingly irritable, the slightest noises disturb him, the most trifling contrariety puts him out of humour, and he sees danger in the most commonplace events, and anticipates and multiplies difficulties where none can possibly occur. He is excessively timid, he harasses himself and all around him with his imaginary fears; the merest trifles alarm him. He is observed to fall into long abstractions; his eyes are fixed; he is almost as motionless as a statue, and he remains long in the same position, seemingly engaged in profound reflection upon subjects of the deepest importance; and if questioned upon the subject of his meditation, it appears that he has hardly been conscious of thinking at all, or that his mind has been engaged upon some trifling subject, or something truly ridiculous. A change takes place in his affections, he becomes suspicious of every one, harbours dislike against his dearest friend and his nearest relations, he avoids their society and hardly attempts to conceal his suspicions of their character, or of the unfriendly conduct he thinks they have pursued towards him. He is observed to shed tears occasionally, without the most distant cause, and at other times he indulges in unexpected bursts of laughter. With his mind constantly fixed upon the subject of his delusion, every thing he does, every word he utters, every thought of the mind has some connection with the hallucination that besets him. The abstraction is sometimes so complete, and the mind so absorbed with the dominant idea, that the patient is unconscious of every thing around him, so that he seems incapable of changing the position which he happens to occupy: when he sits down, it seems as if he were never again to rise; while on foot, he seems as he had lost the power of sitting down; and when lying down, as if he was never again to assume an erect posture: he looks at objects, but

it does not appear as if he saw them; he touches, but he does not seem as if he felt them, and he seems totally unconscious of sounds which must reach his ear, but make no impression whatever upon his mind. He is indifferent to what is passing around him, and much might pass in his presence, and be said in his hearing, of which he would remain altogether ignorant. Though patients suffering under the incipient stage of monomania are frequently sunk in melancholy and gloom, yet others are so only periodically, the fit of melancholy and despondency, during which they shut themselves up from all intercourse with the world, is succeeded by great exuberance of spirits; and these states alternate with each other, and both are equally remote from a state of sound mind. This change of character, this sullen gloom, this fearful agitation and suspicion, this perversion of the affections, this abstraction, these alternate fits of high and low spirits, may continue for long without any thing approaching to hallucination being capable of being detected. They are not unfrequently conscious of their condition, they know and acknowledge that there is something unusual about them. They acknowledge this in various ways, by the fears they express at being left alone, by the fears they entertain of what is ultimately to ensue; in short, they are afraid of every thing, afraid to go to bed, afraid to rise, afraid of they know not what. I have been told by a patient in this state with the most mournful countenance, that he was afraid he should go mad, that the idea haunted him night and day. They complain of uneasy sensations about the head; the stomach and bowels become disordered, the skin is colder than natural, and is rarely, if ever, covered with perspiration, even in the hottest weather or during exercise, if the patient can be induced to take any. The appetite is depraved or altogether lost, the patient cannot be persuaded to eat, and at other times he eats voraciously.

The symptoms of monomania are not unfrequently ushered in by an attack of hypochondriasis, which in some of its very worst forms may be said of itself to amount to unsoundness of mind. The patient is exceedingly concerned about his health; his whole time is taken up in seeking relief from the disease under which he believes himself to labour; he details the symptoms of his complaint to all who will listen to him; he consults one medical man after another, and flies from remedy to remedy. The merest trifles throw him into despair; he complains that he has lost all hope of being cured, that he is destined to die of the disease under which he thinks he is suffering, that it is incurable, notwithstanding which, with a strange perversion, his whole life is devoted to the finding out a remedy for his malady. The slightest irregularity excites his most lively apprehension; he is afraid of cold, afraid of heat, of having eaten too much, or something which will not digest. His habits are peculiar and most ludicrous, and the attention which he devotes to the merest trifles which he believes to be of importance to his health, is truly absurd. Hypochondriasis is subject to exacerbations and remissions. There are certain periods of the day when the patient is more agitated and unhappy than others; sometimes this is in the morning, at other times in the evening. I have been told by a gentleman afflicted with incipient monomania, that he always felt worse in the morning, that he was horrified at himself when he awoke, and found himself the victim of the same melancholy diseases which he laboured under the day before; and that if he could muster courage to leap out of bed he was relieved. The poet Cowper complains, in a letter to Haley, his biographer, that he rose cheerless and distracted, but brightened as the day went on. A gloomy day, as it has the effect of depressing the spirits even in health, has a great influence over the hypochondriac likewise; and the dis-

ease is rather mitigated by sunshine and cheerful society; while amusements and light conversation have the effect of partially dissipating the gloom of the hypochondriac. But this is not always the case, for I have been told by a gentleman afflicted with this disease, that in the midst of the gayest society, in the company of those whom most men would have felt honoured by being the object of their attention, his mind was perpetually occupied about himself and the state of his health, to the complete exclusion of every other thing. It is truly astonishing how long the hypochondriac will dilate upon, and with what apparent pleasure he will describe, his uneasy sensations, and all his little miseries.

The paroxysms of hypochondriasis are popularly denominated low spirits, which sometimes continue for a certain length of time, and go no farther; or they alternate with a state of great exuberance of animal spirits, in which the person is bold and loquacious, speculative and daring, proud and overbearing; and it not unfrequently happens that those who are unusually sprightly in the evening, under the influence of wine and cheerful society, are depressed with gloom, melancholy, and despair in the morning. An Italian physician was consulted by a patient who complained of low spirits, and a long train of nervous disorders; he advised him to frequent convivial society, and above all to cultivate the acquaintance of a gentleman of the name of Cardini, who enjoyed the reputation of setting all the tables in the city in a roar. "Alas! Sir," said the patient with a melancholy tone, "I am that very Cardini."

I have been told by a patient in this state of perturbation and gloom, that it seemed to him as if the very face of nature was obscured; that a veil appeared as if it were hung over nature,—sun, moon, and earth. They are

extremely capricious, fretful, unreasonable, and selfish. The "Malade Imaginaire" of Molière, the "melancholy Jacques" of Shakspeare, are admirably true to nature, and familiar to all readers; but no poet has succeeded in more correctly depicting the character of a person afflicted with incipient monomania, than Goëthe, in the drama of Torquato Tasso.*

* "Die erste Pflicht des Menschen, Speis' und Trant
Zu wählen, da ihn die Natur so eng'
Nicht wie das Thier beschrankt, erfüllt er die?
Und lässt er nicht vielmehr sich wie ein kind
Von allem reizen, was dem Gaumen schmeichelt?
Wann mischt er Wasser unter seinen Wein?
Gewurze, süsse Sachen, start Getränte,
Eins um das andre schlingt er hastig ein,
Und dann betlagt er seinen trüben Sinn,
Sein feurig Blut, sein allzu heftig Wesen,
Und schilt auf die Natur und das Geschick.
Wie bitter und wie thöricht hab' ich ihn
Nicht oft mit seinem Arzte rechten sehn:
Zum Lachen fast, wär' irgend lächerlich
Mas einen Menschen quält und andre plagt.
'Ich fühle dieses Uebel,' sagt er bänglich
Und voll Verdruss: 'Was rühmt ihr eure kunst?
'Schafft mir Genesung!' Gut versetzt der Arzt,
So meidet das und das.—'Das kann ich nicht.'—
So nehmet diesen Trant.—'O nein! der schmeckt
'Abscheulich, er empört mir die Natur.'—
So trinkt den Wasser.—'Wasser? Nimmermehr!
'Ich bin so wasserscheu als ein Gebiss'ner.'—
So ist euch nicht zu helfen.—'Und warum?'
Das Uebel wird sich stets mit Uebeln häufen,
Und, wenn es euch nicht tödten kann, nur mehr
Und mehr mit jedem Tag euch quälen.—'Schön!
'Wofür send ihr ein Arzt? Ihr kennt mein Uebel;
'Ihr solltet auch die Mittel kennen, sie
'Auch schmackhaft machen, dass ich nicht noch erst,
'Der Leiden los zu seyn, recht leiden müsse.'
Du lachelst selbst und doch ist es gewiss,
Du hast es wohl aus seinem Mund gehört?"

When these premonitory symptoms have continued for some time, the patient begins, perhaps, to show that he entertains some extraordinary opinions. His manners have been different from what they were; his character has presented some peculiarities, but no intellectual disorder has been observable; but now he expresses some extraordinary opinion upon a particular subject or train of ideas, which takes his friends by surprise; and as he is capable of reasoning correctly upon common occurrences, and upon the majority of topics, and conducts himself, not in the manner they fancy an insane man would, they strenuously endeavour to reason him out of his delusion, which, however, he maintains with wonderful pertinacity, and in spite of arguments which makes one wonder that he can possibly resist their cogency. It is impossible to know, as I have already said, upon what subject the patient may entertain hallucinations. These vary with the manners and habits of the person—with the prevailing pursuits and opinions of the age,—they relate to every belief and every superstition that has ever been entertained. That they bear some connection with the individual character of the patient himself, I have no doubt, though we may not, in every instance, be able to trace the relation. When it bears reference to themselves, and it very frequently does so, they believe themselves to be kings, heroes—men of exalted character, power, reputation, wealth; or that they are degraded for ever—irretrievably ruined, both in this world and in the next—that they are the objects of unheard of calumny and persecution—that they belong to an inferior class in the animal creation, or even to the vegetable kingdom—or that they are inanimate objects. The hallucination is not unfrequently connected with the passions, particularly the passion of love, arising out of sexual appetite, or perhaps inordinate vanity. How frequently do we

hear of patients, in this state, fancying that some exalted personage is in love with them, and that all their misery arises from this source, while they believe themselves to be sustaining their persecution with all the heroism of a martyr.

The monomaniac has been described as a patient who is generally exceedingly timid, and perfectly harmless and quiet; yet there are many cases in which they display great excitement, and even violence, when irritated or contradicted, or when the indulgence of the habits to which their delusion leads them is interrupted.

But monomania is not simply a partial derangement of the understanding—not merely a state of disease under which patients reason with more or less correctness upon a majority of subjects, while upon some one topic or another they entertain the most absurd delusion; but there are cases in which their conduct is not that of a sane man, in which this partial alienation of mind is incapable of being detected. In some cases the affections and character seem totally perverted and changed, and they justify the extraordinary alteration which has taken place by reasoning which displays no trace of incoherence, no intellectual disturbance. In other instances we can perceive no derangement of intellect, no change of character, no perversion of the affections; but the volition is diseased—the actions of the patient are altogether beyond his control: he cannot act or resist as his reason should and does dictate; the volition is powerless to resist whatever instinctive impulse may occur, which sometimes leads him to perform extraordinary and even highly criminal actions. It may not be so absolutely certain, that in these cases there is no intellectual disease whatever, as some authorities (and the very highest) maintain; yet one thing is undeniable, that there are many cases, such as I have

described, in which no trace of incoherence can be discovered. One thing seems clear, that the one may pass into the other, and many instances are recorded in which these strange impulses have alternated with decided intellectual disease. Now, it is in these forms of mental disease, when the intellectual faculties are in a perfectly sound state, or but partially affected, when criminal acts are committed, that doubts may well be entertained by the common observer, and by the medical man likewise, as to the propriety of the person being held legally responsible for his conduct. Yet it does not seem more extraordinary that a man who gives no indication of intellectual disease should be impelled to commit a criminal act to gratify a depraved, or in obedience to a weakened volition, than that he should believe himself to belong to the vegetable kingdom. It does seem strange that a man should be capable of reasoning correctly upon common affairs, that his actions should be guided by the ordinary motives which influence those of other men, and that, without the slightest criminal motive, he should be irresistibly impelled to bloodshed; yet it is not more so, than that, under similar circumstances, he should commit suicide,—and it is well known that many have destroyed themselves, when, a moment previous to the commission of the act, no trace whatever of intellectual disease could be detected. It is true, that doubts have been entertained as to the existence of such a disease at all. It is no valid argument against its reality, that a crime may be committed under the guise of a disease which never existed—it is no proof that a disease does not exist because it has been feigned—and it is equally absurd and unphilosophical to recommend, as some have done, that if such a disease be real, it should be treated by the gallows. I am firmly persuaded in the existence of such a state of mental disease as I have described, and

equally so, as I shall endeavour to prove in the sequel, that the patient is to be held irresponsible for the acts which he may commit under its influence.

Moral insanity is not in every case connected with crime, though it is chiefly under that condition that it attracts the attention of the public, and comes under the notice of the medical jurist, but the medical practitioner is frequently called upon to witness cases in which there is distinct moral derangement, where no criminal act has ensued or even been thought of. If that fact were more commonly known, the belief in homicidal monomania would be more general. A patient of my own has confessed to me, that he never goes near an open window in the upper part of his house, so afraid is he that he shall yield to the extraordinary impulse which he invariably experiences when he has done so, to precipitate himself into the street. This gentleman has informed me, that, upon one occasion while at sea, he became tormented with the inclination to throw himself overboard. He maintained this contest for days, and describes it as the most harassing and distressing that can be imagined. When he first experienced it, he endeavoured to laugh himself out of it, but it would not do—he had recourse to every kind of distraction which he could contrive, yet it was of no avail. It left him when he went below, but the moment he came on deck and looked at the sea, the same unaccountable desire came upon him, and so worn out was he at last with the contest he was obliged to maintain, that he actually yielded to the uncontrollable impulse, and threw himself overboard. He was perfectly aware of his danger, and quite ashamed of what he considered his own folly.

If we examine the momentary impulses to which every one is subject, we shall find that we are liable to something of the same kind, though not to the same extent. The

momentary impulse has been experienced by most men to throw themselves from a precipice, or over the window: it is for a moment and no more, a thousand considerations withhold them. But suppose the volition to be diseased or weakened, though the judgment should be perfectly alive to all the consequences of the act, the diseased will might prevail, and the extraordinary impulse be accomplished. This desire may be suddenly produced by the novelty or the appalling nature of the situation in which we may be placed. It is recorded, that three women have, at different times, been so suddenly affected, and so overpowered by the giddy eminence while climbing the spire of the cathedral of Strasburg, that they have thrown themselves off in a fit of momentary delirium, and been dashed to pieces. The latest of these happened in 1823. The unfortunate creature was quite a young girl, and the first symptom of her mind becoming affected, was excessive mirth. She laughed and shouted as if in ecstacy; and having reached a point where nothing impeded her view of the abyss below, she sprang off, screaming wildly as she fell. Analogous to this state of feeling, is that illustrated by the well known story of the attendant of the Emperor Charles the Fifth, when visiting the city of Rome, and who confessed to the Emperor, that at one time when they were standing together upon the ruins of the Coloseum, that he felt impelled to precipitate himself, and the Emperor along with him, to the earth, that he might gain an immortal name in history. The Emperor showed a distinct appreciation of his attendant's state of mind, by presenting him with a handsome gratuity, at the same time commanding him never to come within a certain distance of his person. The motive assigned was, in all probability, not the real one. The novelty of his situation, with its attendant circumstances, had excited the extraordinary impulse, which

the man had still sufficient command over himself to withstand.

HOMICIDAL MONOMANIA.

Cases of moral insanity unconnected with crime are far from being uncommon, but the question of paramount interest to the medical jurist, is that in which this state of disease has led to the commission of murder. This disease has been termed homicidal monomania by the French writers, which we shall adopt. Two varieties have been described; the one, called by Marc the reasoning, and the other, the instinctive homicidal monomania. In the first, the murder is committed under the influence of some false conviction,—of some extraordinary exaltation of the imagination,—of some illusion or hallucination, or, to use the expression of Esquirol, of the passions in a state of delirium. The patient is partially insane; he has committed the murder deliberately; it is an act upon which he has reflected and resolved. In the second, the patient exhibits no change in the intellectual faculties or the affections. There is no delirium of the passions, no exaltation of the imagination, there is no illusion, no hallucination, there is no motive either criminal or insane. He commits murder under the influence of some sudden impulse, altogether independent of his volition, or in consequence of some disease or impairment of the will. He is impelled by a blind instinct, by a power which he cannot resist, by an inconceivable desire to shed blood. So conscious are some patients of this internal impulse, so persuaded of their inability to resist its power, that they have been known to warn those against whom it is directed of their danger. "Take that child away from me," a mother has been heard to say: "let me not be left alone with it, lest I should be unable to resist the impulse which I feel to destroy it." If

this be a state of disease, (of which there can be no doubt,) the affective faculties and the will may become deranged, independently of intellectual aberration, to such a degree even as to cause the loss of moral liberty on the part of the patient who labours under the malady. These impulses to commit murder are sometimes momentary, and they occur unexpectedly. They come on suddenly in those who have not experienced this desire before, and they recur unexpectedly in those who have been previously under their influence, at the sight of the person against whom they are directed, or of a weapon which might serve them as an instrument to commit the act of violence. Those who have been chiefly subject to this instinctive monomania, have been hysterical or nervous women, or women recently delivered, hypochondriacal or epileptic patients, and young persons of either sex at the approach of puberty, and particularly those whose moral culture has been neglected,—who have been indulged in every wayward humour, who have not been taught to exercise control over their evil propensities and inclinations. Their physical condition is affected likewise. The digestive function is deranged for the most part, the bowels constipated, the patient suffers from headache, his face is flushed or very pale, his eyes injected. He complains of ringing in the ears, of giddiness, of inexpressible anguish and agitation, of palpitation of the heart, and of a sense of constriction in the epigastric region, or of burning pain in the intestines, or chest. The mental disturbance is equally great. The accession of the impulse is generally preceded by deep melancholy. The patient is appalled to find himself harassed by the horrid desire which constantly haunts him to commit murder; he lives in constant dread lest he should give way to this extraordinary impulse, which is at first repelled with horror. He is quite conscious of his position, of what the conse-

quences would be, both to himself and the victim of his horrid inclination, should he give way to it; and he endeavours in many a way to get rid of his disease, by having recourse to every occupation he can think of to distract his mind from the impulse he labours under. He not unfrequently undertakes long journeys, and he shuns the presence of the person who is the object of this insane desire. In spite of all the efforts he is capable of making to get rid of his disease, the evil goes on, the inclination to commit murder is renewed with greater energy, leaving the patient not a moment of repose. The contest he is obliged to maintain with himself aggravates the disease. The conflict becomes at last insupportable, and in a state of inconceivable perturbation and anguish, perhaps of despair, the murder is committed. The influence which the commission of the act produces upon his mind is altogether extraordinary; the fury which has lately possessed him is completely calmed, the horrid impulse is gone, and he experiences a degree of relief, of satisfaction, and even joy, which would not exist had the act been the result of criminal motives instead of disease. This feeling of relief is but of short duration, and deep remorse succeeds. The degree of mental calm which has succeeded the act permits the patient to reflect upon what he has done, and upon the melancholy consequences of his deplorable action. He awakes as if it were from a dream, and sees with horror the crime he has just perpetrated. Such is a brief outline of the more prominent features of instinctive monomania as hitherto observed.

The reasoning monomania is described by Esquirol as a species of insanity in which the patient preserves the almost entire use of reason, being insane upon a single topic, or limited number of subjects only, feeling, reasoning, thinking, and acting in other matters as he felt, thought, rea-

soned, and acted before the accession of his disease. Reasoning monomania consists, according to Henke and Hoffbauer, in a vicious relation between the senses and the imagination, which causes the patient to mistake the fictions of the imagination, which has become unduly exalted, for real impressions. He is incapable of distinguishing internal sensations from external objects. This definition, I have already said, does not include all cases in which persons are partially insane, and it would embrace those who are not of unsound mind. Clarus does not consider illusion or hallucination as a positive and characteristic sign of monomania. These hallucinations, according to this author, may become sources of error and of false judgment to the person who experiences them, but they do not necessarily produce partial insanity. Monomania takes place only when the fictions of the imagination take exclusive possession of the mind, when they enter into all its operations, and prevent the person from perceiving the usual relations of things, and thus affect the clearness of his judgment. According to Clarus, erroneous belief, however deeply the patient may be convinced of its truth, is not sufficient to constitute mental disease, even in those cases in which this false conviction has had its origin in some perversion in the faculty of sensation and perception. In addition to this, the error must have made such an impression upon the mind, that it exercises an absolute and paramount control over it, and interferes with the free exercise of the intellectual faculties. But when we come to consider the subject in a medico-legal point of view, we are less interested in these nice psycological distinctions, which are only partially correct, than in the facts themselves, and I shall endeavour to illustrate the two varieties of monomania which I have now described by the history of some cases which have been detailed.

Pinel relates the case of a fanatic who, being desirous of purifying mankind by the baptism of blood, began by murdering his own children, and would have murdered his wife also if she had not fled. Sixteen years afterwards he murdered two insane patients confined along with himself in the Bicetre, after having struck the superintendent, and he would have murdered every patient in the hospital if he had not been prevented.

Robert Deans was a man of weak intellect and strong animal passions. He became attached to a female in a superior station to himself, and his offers were rejected. This caused ungovernable feelings of revenge, and he resolved to murder her. He had strong religious impressions, and it occurred to him that by putting this woman to death, he might send an unprepared sinner to eternity. The desire to commit murder had taken possession of him. There was a child of whom he was very fond, and was frequently in the habit of caressing, and who, he concluded, had fewer sins to answer for, and this child he resolved should be the victim. He murdered the child, and immediately gave himself up to justice. This man was executed.

A Prussian peasant fancied that he heard an angel, in the name of God, order him to immolate his son upon a block. He ordered the boy to assist him in carrying the wood to the appointed place: the boy obeyed; the father extended him upon the block and murdered him—he was his only son.

A young man, who for six months after an attack of acute mania had not uttered a single word or executed a voluntary movement, suddenly seized a full bottle, and threw it at the head of a servant. He remained motionless and silent as before. Six months thereafter, when cured, he was asked wherefore he had thrown the bottle?

"Because," he replied, "I heard a voice say to me, if you kill some one, you will be saved. I had not succeeded, my fate remained unchanged, and I continued silent and motionless as before. Besides, the same voice repeated to me unceasingly for six months, if thou stirrest, thou art dead." This threat was the cause of his remaining at rest.

Esquirol relates the following highly interesting case, which I shall quote at length. M. C., a lawyer of a bilious and lymphatic temperament, of a dreamy, taciturn, and jealous character, asked a young girl, thirteen years of age, in marriage, who subsequently became his wife. The parents accepted his proposal upon the condition that the marriage should be delayed until their daughter had attained her sixteenth year. From that time C. ceased to visit, and even avoided all intercourse with the girl or her parents. The marriage took place at the appointed time, and his jealousy soon became painful to his wife. He frequently required her presence in his office, and he sometimes sent away his clients under the pretext that they came to him to see his wife. In other respects he treated her with the most tender affection; he became the father of two children. At the age of thirty-two, his unjust suspicions were succeeded by hypochondriacal disquietude. He complained of pain in the stomach, flatulency, colic, of twitchings in the limbs, and pain under the eyes. He read medical books, and finally persuaded himself that he should die of an old venereal affection. In the hope that religious consolation might calm his anguish, he was persuaded to go to church. This means did not succeed; a consultation was held upon his case, which produced so happy an effect, that his disturbed imagination seemed quieted, and his cure complete; but the following night his sleep was interrupted by the most lively distress. The next

day he suddenly complained that he had lost his memory, and that his thoughts were completely overturned. A few hours afterwards he made his will; preserved a sullen silence, and only answered questions by monosyllables. During the night his agitation was extreme, and he made attempts to throw himself over the window, and bitterly accused a medical man who had treated him for a gonorrhœa ten years before. After several hours he became calmer, but his sleeplessness continued. At day-break he had a fresh paroxysm, and expressed repentance, and despair as to the fate of his wife and children, of whose misfortunes he was the sole cause.

Ten days thereafter he came to Paris; he refused to move for fear of breaking the *jewels of the crown.* He passed a sleepless night; the next day his answers were short but rational; his complexion sallow, his pulse slow and feeble, his bowels were constipated. Two days afterwards he conversed more freely, his complexion was less sallow, and he had some appetite. Again he refused food for fear of its containing poison. Sometimes he accused his wife of infidelity; at other times he said that he was damned. Some days later he made renewed attempts to commit suicide; his eyes were haggard; he was discontented with every thing, and he refused food for two days. His insanity became more general, and he had paroxysms of fury, and this state of agitation continued for nearly three weeks. During the succeeding three months he maintained an obstinate silence; he frequently refused food, and had an inclination to eat the most revolting substances. In the beginning of the month of May, 1819, without any obvious crisis, he requested to be informed about his wife and his affairs. He was promised that his wife should soon come and see him. The functions gradually became restored; but his countenance was

sombre, and his look suspicious. He was placed among the convalescent patients, eat with them, and took several walks in Paris and the vicinity.

On the 3d of June, his wife, accompanied by her mother, came to Paris. Esquirol was struck with the sudden change of his countenance when he came into his room; he remained in a state of stupor, and did not appear to recognize either his wife or his mother-in-law. The tears and caresses of these ladies had no effect upon him. He examined his wife in every different manner to assure himself if it was she; now and then he repeated, "You are like her." After half an hour, Esquirol said, "It is evident, since he does not recognize you, that he is not cured; you will be obliged to go without him. Instantly C. threw himself into his wife's arms, shed tears, and cried "Ah! it is indeed she." He embraced her several times with great appearance of tenderness, as well as his mother-in-law; and after an hour's conversation, as rational as it was affectionate, he accompanied them to their hôtel, promising to return the next morning early. During the two following days he took several walks in Paris, exhibited the greatest affection for his wife, and expressed a desire to return home with her, but frequently fell into fits of deep sadness. When his wife asked the cause, he replied, "Every thing must be destroyed or dispersed at home. If every thing is in order, as you tell me, when I return, I shall not have a single subject of disquietude. I shall be perfectly cured." He frequently betrayed distrust of, and ingratitude towards those who had taken charge of him. On the 7th of June he set out in the diligence: during the journey, a traveller who was seated opposite his wife excited his jealousy, which gave rise to a quarrel, which was allayed by the attention of his wife and the good nature of the passenger, who agreed to change his

place. When he reached home he expressed astonishment rather than joy at seeing every thing in the most perfect order. The next day one of his brothers-in-law, a boy about twelve years of age, entered his room. C. took him by the hair, and led him by it to his desk, as if playing with him; he then sent him away, while he was heard to say, "It is not worth the trouble." On the third day, under pretext of examining the state of his cellar, he went down to it accompanied by his wife. A short time afterwards his sister-in-law, a young lady of twenty years of age, went after them, surprised at not seeing them come up. Not one of the party returning, a servant went down likewise, and after descending a few steps, she saw her mistress and her sister extended upon the ground bathed in their blood. The unfortunate man advanced towards the servant, who fled screaming with terror. The neighbourhood was soon alarmed, and he was found hid in a corner of the cellar behind some barrels; the razor was lying a few paces from him. He allowed himself to be seized, and he was sent to the hospital of the city. He was tried, insanity proved, and he was sent to Charenton. While there he gave various accounts of the cause of his lamentable murders. Sometimes he said that the cellar was illuminated in the most extraordinary manner, and that the two ladies were devils who had come to carry him away. He appeared to have recovered the complete possession of his reason, but was quite unconcerned at the recollection of the unfortunate event. He confessed that probably the servant would have been murdered likewise, if she had not fled. In consequence of urgent solicitations, he was placed in a *maison de santé*. While there he wrote and published petitions re-claiming his liberty. He confessed that he had been insane, that now he was cured, and that he ought to be restored to the administration of

his fortune, as well as that of his children. After several years he made a formal demand to the prefect of police to obtain his freedom. Marc was desired to report as to his state of health, and this gentleman, though he acknowledged that C. was in the full possession of his intellectual faculties, nevertheless declared that it would be imprudent to restore him to society. Notwithstanding this he was set free. He took up house at Paris, and cohabited with a woman, and said every where that he had opened an office for business. After two years, ten years after the commencement of his disease, he was suddenly seized with an accession of fury, and without the most vigorous assistance, he would have murdered the woman with whom he lived. He was sent by the commissary of police into a *maison de santé*, where he died several days afterwards in a state of frightful delirium, and of horrible despair, believing himself to be condemned by divine justice to the most horrid tortures, accusing himself of having committed the most horrible crime, and alternately attempting to destroy himself and those who approached him.

A very interesting case is related in Pyl's Magazine:— A woman residing in a village in the neighbourhood of Donauworth, forty-five years of age, and twelve years married to a severe and stubborn husband; she had enjoyed good health, with the exception of an attack of fever, and occasional irregularities in the menstrual secretion. Towards the end of the year 1785, she had stolen the milk from a cow. This was found out, and notwithstanding her extreme anxiety to keep it concealed from her husband, it became known to him. One of the witnesses said, that, with this trifling exception, her religious and domestic conduct had been perfectly correct: though she and her husband had frequent quarrels, the blame was rather on his part than on hers. No trace of intellectual disease had

ever been observed. Another witness said that it was occasionally remarked that she was proud, and that she would sometimes pass people without noticing them. She sometimes betrayed a good deal of anxiety, which seemed to have arisen from the fear which she entertained of her husband, and the actual ill usage she had experienced. For fourteen days she complained of severe headache, so severe that it almost deprived her of the knowledge of what she was about. Upon the 1st of December she became aware that her husband knew of the theft of the cow's milk. He had frequently threatened to twist her neck about; a quarrel ensued, and he struck her severely. She trembled with fear after this ill usage, seemed stupified, and went to bed under the impression that similar maltreatment awaited her the following day. Her daughter, a girl of seven years of age, came to her; she prayed with her, and resolved to leave her husband who had so frequently threatened to kill her. She asked her daughter if she would remain with her father. The girl answered, no; because she was afraid of the ill usage she received from him. Early the following morning, after having put her house in order, she left her home accompanied by this girl and an infant ten weeks old. Before setting out she asked her daughter again if she would remain with her father, and she replied, that she would rather die than stay with him. The girl's answer, and the grief and despair which she was suffering, and the knowledge of the ill treatment her children would receive, if they remained with their father, excited the idea of drowning them, and she thought that by doing so she might reach heaven more easily. She took the infant in her arms, and led the girl by the hand till they came to the Danube. She then made her fall down upon her knees and pray, and she ordered her to pray to God that she herself might die a good death,

and not in a similar manner. She tied the infant in the girl's arms, who said, "Now, dear little brother, we must die." She made the sign of the cross over them both, told the girl to take care that her brother did not separate from her, and threw them both into the river. She did not repent what she had done; on the contrary, she looked upon it as a pious act, because her husband had threatened her with death, and she dreaded the unfortunate fate which awaited her children when she should be removed from them. She freely confessed what she had done, and said that when she drowned her children, the only thought which crossed her mind was: Heavenly father, I put my children into thy hands; give me grace to confess my sins, and to give my life for them, as I gave them life. The only feeling of horror or of pity which she felt, was when she saw the children separated from each other, floating in the water.* It is highly creditable to the medical jurisprudence of that time, that one of the medical men who was called upon to report as to the state of this woman's mind, was clearly of opinion that she was insane, notwithstanding no evidence of intellectual disease could be discovered.

Platner has related the case of a man who shot his companion, because he laboured under the delusion that he was endeavouring to deprive him of life by means of witchcraft. He knew that he should be executed, he said, but it was a thousand times better to die upon the scaffold than to perish miserably through the arts of magic.

Insane patients have not only committed murders, but occasionally have laid their schemes with forethought; and in one curious instance on record the patient engaged an accomplice to assist in the perpetration of the deed. A

* Nues Magazin für die gerichtliche Arzneikunde, 2ter Band.

woman who had been tormented for years with the most violent jealousy, made an attempt to murder a servant whom she suspected of criminal intercourse with her husband. The act displayed the most decided cunning and premeditation. She enticed the girl into a room, and there, assisted by a man whom she had engaged to aid her, she threw a rope round her neck, and attempted to strangle her, which, however, was fortunately prevented by the girl escaping out of her hands and leaping out of the window.* It is not meant to be asserted that jealousy of itself is to be held as an excuse for murder, but there is no doubt that the long and intense indulgence of this passion may so derange the intellectual faculties as to produce real monomania.

A woman was delivered of her first child after a natural and easy labour. She fell asleep after her delivery, and soon awoke with an expression of anxiety on her countenance, and rolling eye. Her attendants thought that she was looking for her child, and brought it to her: as soon as it came in sight, she broke into a furious maniacal paroxysm, plucked the infant out of the nurse's arms, and killed it with repeated blows of her fist. It required several people to restrain her; she soon became quiet, but a furious desire to commit murder again took possession of her when she saw a neighbour come into the room with a child in her arms. So furious was she, that she required to be secured. During the night she released herself from confinement, overcame all obstacles, and, in a state of almost complete nudity, she escaped into the country. The weather was excessively cold, and the ground was covered with snow. After the lapse of several hours, she was discovered lying on the ground, completely benumbed with

* Zeitschrift für die Staatsarzneikunde. 1834.

cold. She was brought home, placed in a warm bed, soon broke out into a profuse perspiration, fell asleep, and awoke in the entire possession of her reason, and retained no recollection of what had occurred. She recovered, had several children afterwards, and had no return of her disease,*

A case occurred in Denmark, in 1827, of a father who drowned four of his children to save them from the misery of beggary, notwithstanding the tender affection he felt for them. The thought occurred to him that it was his duty to save them from wretchedness by murdering them, as he thought death preferable to the unhappy fate which he believed awaited them. This unhappy idea took entire possession of his mind. After committing the act, he surrendered himself to a magistrate and coolly confessed what he had done, without expressing the slightest regret.

A very striking case occurred not long since at Erlangen. A man of the name of Worlein murdered his son, a boy of twelve years of age, by cutting his throat. This man, who was a labourer, had enjoyed the character of being correct and blameless in his conduct. The gentleman who details the case, had an opportunity of seeing him in the prison of the police office very soon after the murder, and he found him in a state of great excitement, holding up his bloody hands, and calling out in a loud voice, "I am Jesus; I have offered up my blood." He visited him soon afterwards in prison; he came to him pale as a corpse, with a piece of chalk in his hand with which he suddenly made the sign of the cross three times upon the open door, repeating the words —"In the name of God," &c. When asked how he came there, he replied, "because I have murdered my son;" and upon the horrible nature of the act being represented to him,

* Journal der Practischen Heilkunde von Hufeland und Ossan.

he answered, "I ought to have done it; God commanded me: if I had not done it, I and my son would have been lost. —I am the son of Jacob.—I am the son of Jacob." He continued in this state for several days, fancying that he heard his son call upon him, and that he visited him. He gradually became calmer, and one day when asked if his son had called to him, he said no; and being urged to confess if he remembered what induced him to commit the murder, he said he did perfectly, that he knew he took the knife for the purpose of scaring the devil, and that he must have attacked his son with it, who had naturally attempted to escape; that he had seized him as he was endeavouring to get out of the window, which was open, and that he had there murdered him; that he did not know how it had all happened, particularly how he should have murdered his dear child; at the same time that he could not reproach himself, because he could not have done otherwise.*

The following case occurred at Dresden:—A girl of the name of Strohm, thirty years of age, of a sound and robust constitution, had at no time presented any appearance of insanity; she had been employed at one time as a servant, and gained her livelihood by labours proper to her sex. She lived alone, and her neighbours had never perceived any thing extraordinary about her, but had a high opinion of her on account of the piety with which she performed her devotions night and morning. On the 12th of August she invited a girl of her acquaintance to take a cup of coffee with her. This girl was twenty-four years of age, full of health and beauty. A soldier who lived in the neighbourhood was invited to join them, and he requested leave to put some spirits into the coffee. Sophia, the name of her visitor, being fatigued with her day's labour, and

* Zeitschrieft für die Staatsarzneikunde, 1836.

somewhat overcome by the spirits which she also had drunk in her coffee, lay down upon the bed to rest her after the soldier had gone: she soon fell asleep. Strohm watched her, and when she saw that she was in a deep sleep, she went into the kitchen, got a hatchet and a knife, which she sharpened before hand, came back and struck her friend on the head several times with the hatchet. Sophia awoke and defended herself with all the remaining strength she possessed. Strohm then seized the knife and murdered her, by plunging it several times into her chest. She remained for some time perfectly quiet beside the body of her victim, washed the floor, which was stained with blood, placed the mattress upon it, and laid out the body upon it, which she had cleaned as well as she could, re-made her bed, and lay down and passed the night beside the body of her friend. When day came she trembled, and experienced considerable anxiety, and instantly decided to execute the purpose which she could not accomplish the previous night, viz. to give herself up to justice. She dressed herself carefully, took a prayer book, some money, and linen with her, as she forsaw that these would be necessary during her confinement; then went and gave herself up to a police officer, and confessed to him that she had murdered one of her friends, whose body would be found in her room.

The circumstances out of which her insanity arose, and which led her to commit the murder, are in the highest degree curious and interesting, not more, however, to the medical jurist than to the legislator. While very young she had witnessed at Dresden the execution of a woman of the name of Schaefer, who had been condemned for murder. The care with which this woman had been prepared to make an edifying end, the procession to the scaffold, and her execution, had made such an impression upon this

girl's mind, that from that moment she had regarded it as the happiest thing that could befall her, to terminate her life in a similar manner. This thought never left her, but her moral principles had hitherto successfully resisted her inclinations. About six weeks before she committed the murder, a man of the name of Kaltofen had been executed at Dresden, for a similar crime. His conduct in presence of those who visited him in prison, the presence of a priest, who never ceased to pray with him, the hypocrisy of the wretch himself, the imposing spectacle of the military escort which accompanied him to the scaffold, the crowd of spectators, the feeling of compassion, which, in spite of the enormity of his guilt, was expressed on the countenances of all, the calm aspect of the criminal, the speech which he addressed to the multitude, the assistance of the priest to render the last moments of life less painful, the quickness and apparent gentleness of the means of death, had all such an effect on this girl's mind as to renew most powerfully her old impression, which she finally resolved to execute, and which was accomplished in the cool and premeditated manner I have described. She was actuated by no hatred, or envy, or jealousy against this girl, who was one of her best friends, and not improbably on that very account was selected as the victim. Her object was to commit a crime which should bring about as edifying and glorious a death as those she had witnessed, and which had taken such an extraordinary hold of her imagination.*

A man of the name of M'Innes murdered his sister, a deaf and dumb girl, within the last few months, in this city, while labouring under partial insanity, connected with religious delusions.

* Zeitschrift für die Staatsarzneikunde. 1823.

It would be easy to extend the list of similar cases, and we shall revert to the subject again, and detail some additional ones when we come to the medico-legal consideration of the subject. These examples of this disease show from what various states of mental aberration murder may arise; but they are all produced by some partial alienation of mind, by some fixed idea, as Esquirol has remarked, by exaltation of the sensibility, by some delirium of the passions, by errors in judgment. They have all some known or avowed object. The insane obey some impulses upon which they have reflected and resolved. Some have taken every precaution to accomplish their purpose, even secured assistance to perform the deed, and have endeavoured to conceal themselves after, and escape the consequences of what they have done. Some are even rejoiced at the act they have committed, or, at all events, they do not regret it, and take no means of concealment, but on the contrary remain beside the body of their victim till they are discovered, or give themselves up voluntarily to justice.

I shall now illustrate, by the selection of a few cases, that other form of homicidal madness in which no intellectual or moral aberration is capable of being detected; I would not venture absolutely to assert that it does not exist, in which, as I have already said, the murderer is impelled by some irresistible impulse to shed blood. The act, whether the result of intellectual or moral disease, or merely arising out of some derangement of the will, is not criminal; it is without motive, without object, and is of itself the only evidence of insanity we obtain. The words of the patient betray no sign of incoherence, his actions only are deranged.

Wildberg has related the case of a literary gentleman, fifty-one years of age, who had not enjoyed good health, having been subject to bilious disorders, constipation, and

hæmorrhoids, frequent and prolonged attacks of headache. He was somewhat hypochondrical, which became increased by moral causes—some disappointments which he experienced. He gradually became so much affected that it was with difficulty he could direct his attention to his literary pursuits, of which he had formerly been very fond, and experienced so much anxiety that he could obtain relief in no way. His eldest daughter, a girl of seventeen, to whom he was particularly attached, had hitherto succeeded best in relieving his anxiety, frequently visited him for that purpose in his own room, and accompanied him in his walks. She entered his room one day while he was labouring under this state of melancholy and gloom. All at once the terrible desire to murder his girl came across his mind. He was so much terrified at it himself, that he begged his daughter urgently to quit the room, and leave him alone. As soon as she did so, he shed tears, and it was long before he recovered from the emotion into which he was thrown. To distract his mind from this state, he resolved to undertake a journey. He set out next morning, and was absent for five days. His gloomy ideas were almost completely dissipated during this journey, but he no sooner saw his daughter than the desire to murder her took possession of his mind, and was renewed whenever she came into his presence. From this time he carefully removed every thing beyond his reach which he could have employed to commit the act, and studiously avoided being left alone with his daughter. Notwithstanding these precautions, the deplorable idea was constantly present to his mind, and the contest which he was forced to maintain was most painful to him. This gentleman, having placed himself under the care of Wildberg, was untimately cured.*

* Magazin für die Gerichtliche Arzneikunde, 1831.

A case is related in Henke's *Zeitschift*, in which this instinctive impulse to murder had existed in both mother and daughter. Catherine Olhaven was born in 1789, of poor parents. Her mother being seized with a severe illness, she was obliged to be weaned when only six weeks old. The first symptoms of the disease with which her mother was affected, had been preceded by a desire to murder her infant; the preparations to accomplish which were discovered, and the act prevented. To this succeeded a violent fever, which continued for several weeks. After her recovery, she remembered nothing of what had happened, and conducted herself in every respect like an affectionate mother. Catherine grew up and had enjoyed good health, the only disease she had had was the small-pox. Her menses appeared somewhat late, but she had no irregularity in this secretion. She became pregnant at the age of thirty-two, and was delivered of a boy, which she began to nurse herself. A short time after her delivery, she was put into a violent passion, which caused an epileptic fit, which, however, never returned. Six weeks after her delivery, she was engaged, as a nurse, in the family of a professor in the college of Grieswald. She conducted herself with propriety, was happy, and particularly careful of the infant entrusted to her. Six weeks after this, she was thrown into great sorrow, and deep indignation, on hearing of the death of her own child which she attributed to the negligence of the woman to whose care he had been entrusted. This, however, soon passed off, and she seemed to have transferred her maternal affection to the child which she nursed. Thirty-two weeks after her delivery the menstrual discharge returned, and reappeared, accompanied by slight indisposition, a month thereafter. From this period, her heath, as well as that of the infant, began to suffer. They both looked pale and

thin. Between the 20th and 24th of October, 1821, according to her own confession, she suffered from severe colic, accompanied with hysterical symptoms, and some anxiety of mind. One evening, being alone in the room with two children, she saw a knife upon the table, and the desire suddenly seized her of cutting the infant's throat, which was upon her knee. At the same time she felt a peculiar movement in the stomach. The idea made her tremble; she laid the child in bed, and went down to the kitchen with the knife in her hand. She threw it aside, and begged the cook to go out with her, and not to leave her, because she was tormented with bad thoughts. The cook said that she would not leave her work. The nurse returned to the children, when the same desire again took possession of her. She endeavoured to drive it from her mind by singing aloud, and dancing about with the children. She put them to bed, and then lay down herself. She had hardly fallen asleep when she awoke suddenly with the irresistible impulse upon her mind to kill the infant which lay in a cradle by the side of her bed. At that very instanst the door opened, and the parents of the child returned home. This circumstance had the effect of quieting, in some degree, the perturbation of her mind, particularly as she knew that the mother of the children, and her sister, slept in the same apartment with her and the children. She slept but little, and it was disturbed; about three o'clock in the morning, the horrible inclination to murder her mistress seized her, so much so, that she began to cry, and awoke her sister, to whom she complained that she was unhappy and tormented with bad thoughts, the nature of which she did not specify. She sometimes spoke as if in a state of delirium, and cried out, "Great God, what horrible, what frightful thoughts!" At other times she said, "How ridiculous! how frightful

and terrible!" She inquired anxiously about the infant, asking in a tender and affectionate manner if it really was beside its mother. The following day she was very much fatigued and dull, and continued subject to fits of the desire which had seized her, to commit murder. The following night it returned once, upon which she immediately leapt out of bed, and took a dose of a soothing mixture which had been prescribed for her. After this she had no farther accession of her disease, and she freely confessed all that had passed in her mind.

A number of cases might be quoted upon the authority of Gall, Marc, Esquirol, Michu, Wildberg, Henke, &c., in which the impulse has been equally sudden in its origin, as unexpected, and apparently quite unaccompanied with intellectual disturbance, in which the desire has gone off, or been under the control of the person, in so far as the contest has terminated in his favour; but there are many examples in which the result has not been so fortunate, and the person has yielded to the sanguinary impulse to shed blood.

A carrier, who had left his family in perfect health, was suddenly seized with a fit of murder madness upon the road between Aalen and Gemunde. At Nogglingen he maltreated a woman. At Unterlobingen he walked before his horses with an axe in his hand, and upon the road, between Unterlobingen and Hassenhofen, the first person he met was a woman, whom he struck several times with his hatchet, and left her lying in a ditch by the side of the high way. He next met a lad, thirteen years of age, whose head he clove with a blow of his axe. He next fractured the skull of a man thirty years of age, and whose brain he scattered upon the road. He then left his axe and his waggon, and continued his journey towards Hassenhofen. He met two Jews upon the way and attacked

them, but after a short struggle they escaped. He next attacked a countryman, who called out for assistance, and several persons coming to his aid, the madman was arrested. When confronted with the bodies of those he had murdered, he said, "It was not I, it was my evil spirit who committed these murders." *

Mourin, thirty years of age, was subject to epileptic fits. He carried on a small trade, and upon returning from a fair he was scolded by his mother on account of his having made some disadvantageous bargain. He got into a passion, but did not commit any excess. The next morning he escaped into the fields without hat or shoes, and in a few minutes, without the slighest provocation, he successively murdered three men, and then made every effort to escape and conceal himself. When arrested, he confessed before the magistrate that he had committed the murders, and was anxious to die, since he had committed so much mischief.

The widow Desroches of Poully-le-Moneal, had two daughters. One of them married a man of the name of Champart, by whom she had two children. The other, Jane, had married about the beginning of the month of June, 1833, a man named Corget. This family had maintained a good character. Jane was living with her husband at Pommiers, about a league from Poully-le-Moneal. She and her husband had lived in perfect harmony during the few days that had elapsed since their marriage. Upon the 19th of June, Corget rose early to go to his work; his wife rose at the same time, and said that she was going to Poully-le-Moneal to see her family, to which he offered no objection. She set out and carried a knife with her.

* This case is quoted on the authority of Esquirol, as well as that which follows.

Her sister and brother-in-law lived in a house between Pommiers and Poully-le-Moneal. There was no one at home when she reached it, except two children and an old woman, the husband's mother. The children occupied one room, their grandmother another. Jane went into the room occupied by the children and struck one of them, a girl of two years of age, with the knife, in the lower part of the neck. The child uttered a single cry and expired. She instantly fled, and went directly to the house of her mother, whom she found in the stable. "Good morning," she said; "good morning," replied her mother, "you are very early." She instantly seized her, threw her down, and struck her with her knife; and, seizing a mattock, she dashed out her brains. Excited to murder by those she had already committed, she went to the house of a widow of the name of Brondel, a neighbour of her mother. She attacked this woman in the most ferocious manner, struck at, and wounded her, with the knife, then threw her down stairs and fled. This woman died three days after. She went immediately to the house of a woman of the name of Dorneron, in the neighbourhood. This woman was in a room with her son, seven years of age. At the door Desroches said to her, "there is a noise upon the street; come and see what it is about." Dorneron left the room which she was in, and went into one which looked into the street. She immediately slipped into the apartment which the other had just left, instantly she darted upon the child, and struck it twice in the neck with her knife: one of the wounds penetrated to the spine. The mother instantly returned, but too late to preserve her child. Desroches attacked this woman also, and, notwithstanding all her efforts, having failed to murder her, she fled to her mother's house and hid herself in the cellar.* She ascribed two

* Annales d'Hygiène Publique et de Médecine Legale. Tom. xi.

motives for her actions, viz., that her mother had always liked her sister better than her, and that as she had read many prayer books, she was afraid of being damned, and that thought tormented her. No evidence of insanity could be discovered in her physical appearance, or in the answers which she gave to the questions of the medical men who examined her.

Homicidal madness resembles other forms of mental aberration, in as far as it has been distinctly ascertained that it is liable to spread by imitation. Numerous cases have occurred, in which this strange propensity to murder has been excited by public attention being directed to the subject by the occurrence of such cases as I have related, precisely as more cases of suicide occur immediately after one which engages much of the public attention, from the circumstances which attend it being singular, or peculiarly distressing or revolting.

SUICIDAL MADNESS.

It is not my intention to enter into the question of suicide, except in so far as it may tend to throw some light upon homicidal madness. I do not mean to enter into the dispute, whether suicide be invariably a proof of insanity or not. It is sufficient for my purpose, as illustrative of the subject, that there are cases in which suicide is committed in consequence of some delusion under which the patient is evidently labouring. He is insane upon a single point, and upon no other; and in consequence of this state of mental disease, he lays violent hands upon himself. There are others, certainly, in which no intellectual disease can be discovered; I would not be understood as asserting that it does not exist; and I would guard myself against being misrepresented, by having it supposed that I believe that in every case of suicide the person is necessarily of

unsound mind. But it is not more unreasonable to suppose that a patient should be liable to an uncontrollable impulse to destroy himself, than that he should be subject to the insane desire to commit murder. One thing is certain, that the tendency to suicide is most frequently connected with insanity; and this propensity will at all times be a sufficient warrant for the medical jurist to restrain the liberty of every one who shall have given the slightest indication that it exists.

If suicide, then, be sometimes committed in consequence of some sudden and unaccountable impulse; if it be sometimes the result of moral insanity, of which, I think, there can be very little doubt, yet, in the great majority of instances, the mental aberration which has led to the deplorable result is obvious. It is either the immediate consequence of sudden and violent mental emotion, of the violence of the passions, or of some form or another of monomania. It frequently occurs in that state of mental alienation which is brought on by structural disease of the brain or its membranes, easily recognized upon examination after death. It takes place in mania, in the delirium of fevers, of inflammation of the brain, as well as in the delirium which is the consequence of long continued intemperance; nay, I believe, it may be the result of a single act of intoxication. It is by no means an uncommon circumstance for persons under the immediate influence of violent mental emotion to destroy themselves, who a very short time previous to the commission of the act had not the slightest idea of its possibility. How many, for example have committed suicide immediately after sustaining irreparable losses at the gaming table or upon the turf, under the influence of that state of mental perturbation caused by the first impression of their ruin. The same thing has frequently occurred in consequence of unexpected

commercial reverses. The act is performed in these and similar cases, under the immediate influence of despair; if it were delayed for a short time, till the mental perturbation was in some measure quieted, it would not be done at all. It sometimes happens that people destroy themselves in consequence of some trifling disappointment or contradiction, hardly sufficient, one would think, to cause a moment's uneasiness. Two people under the influence of the same passion, or the same wretchedness, not unfrequently destroy themselves together.

But suicide is more frequently the result of chronic mental alienation, than of that state of mental disease which is caused by the exaltation of the passions. It takes place most frequently in melancholia or hypochondriasis, and is committed under the influence of the extraordinary perturbation, gloom, and despair, which are so characteristic of these diseases, and which excite a weariness of life, which is, perhaps, the most poignant of human sufferings. In these cases they go about the act with the utmost apparent deliberation; while the cunning they display, and the artifices they employ to remove all suspicion from the minds of their friends and attendants of the act which they have resolved to execute, is truly wonderful, and shows such a degree of intellectual capacity as makes it difficult for the common observer to believe that they can be insane upon any subject. Their perseverance in their attempts at suicide is equally surprising.

Suicide is frequently preceded by murder. This form of the disease depends upon the two causes I have just noticed. Murder, for example, followed by suicide, is frequently produced in consequence of that state of mental aberration caused by fits of ungovernable jealousy, anger, or revenge. In other instances the murder and subsequent suicide take place while the patient is labouring under some

form of monomania; and it is the consequence of the agitation and excitement of the passions to which such patients are subject, and which, in other instances, lead to one of these acts only. It is hardly necessary to add, that suicide is very apt to spread by imitation. An extraordinary suicide, one which excites much interest from the circumstances attending it, is almost certain to be followed by a number of others. It is not difficult to account for this.

As an example of the sudden impulse to commit suicide, unconnected with any exaltation of the passions, or of any intellectual disease which is capable of being detected, I shall quote a single case, which resembles in some of its circumstances the examples of homicidal madness which have already been related.

A woman, forty-three years of age, the mother of six children, had been subject to indifferent health during the early part of her life, having had a tendency to phthisis. After her marriage, which took place at the age of nineteen, her health improved, though she was occasionally subject to nervous headache; and at the menstrual periods to spasms of the abdomen. She lived happily with her husband; and they were in comfortable circumstances. On the 24th of July, 1821, after having suffered for some days from headache, which, however, had entirely left her, she was sitting at the door in excellent spirits employed in knitting; while instantly, and without the slightest recognizable motive, she quickly rose, and cried out, "I must drown myself, I must drown myself," and ran towards the ditch of the city, and threw herself into the water. She was fortunately rescued. The gentleman who relates the case did not see her till the evening of the 27th. She had submitted patiently to every thing which was done for her, but she had not spoken a single word, had neither eat, nor drank, nor slept, and seemed perfectly indifferent to every

thing around her. When the gentleman visited her, he spoke to her; she trembled slightly, and named him; a light was brought, and when she saw him, she pronounced his name, and asked, "My God, where am I, and what has happened to me?" She slept quietly that night. Next morning she heard with perfect good humour what she had done, and learned with astonishment the attempt which she had made upon her life, and the danger she had incurred. The day following she asked the doctor what he thought of her, what was said of her; and was desirous of knowing from him how the extraordinary idea of drowning herself could come into her head without her being aware of it herself, and without the slightest motive to lead her to such an extremity. From that time she continued well, though she had borne children, had lost her mother and two children, and had suffered from other causes of mental distress.* The above, and similar cases which might be quoted, justify the observation of Prichard, that, like the impulse to homicide, this propensity to suicide is in some cases simply a moral perversion. There is no particular illusion impressed on the understanding of the self destroyer; on the other hand, there is a perversion of the strongest instinct of nature, that of self-preservation. Nature has ordained no law more universal in its influence than the desire which all animated beings display, and which is indeed the governing principle in the greater part of their actions, to preserve their existence, and to secure themselves from the influence of circumstances which bring it into danger. It is the characteristic of moral insanity to pervert the natural instincts or propensities, and suicide displays the most signal of these perversions.† It is hardly

* Zeitschrift für die Staatsarzneikunde.

† Treatise on Insanity, p. 401.

necessary to remark that suicide is altogether unconnected with insanity among those uncivilized races of mankind which now exist, and have done so in all ages, of whose political, social, or religious institution, self murder forms so prominent and revolting a part. The remark applies equally to murder, pursued upon a regular system and recognized principles.

FIRE-RAISING PROPENSITY.

The states of mental alienation which lead to murder or suicide, in some curious instances produce a propensity to set fire to houses. This occurs precisely as in the case of murder or suicide; in some cases in consequence of some exaltation of the passions, or of some error of judgment; and at other times it is at all events impossible to detect any such causes; it seems the result of an instinctive impulse which the person cannot control. It is observed by Marc, that insane patients ought to be particularly watched, for fear of their communicating fire to any place within their reach. This danger, he says, arises from carelessness on their part, and particularly among imbeciles, from their want of discernment; and it sometimes takes place in maniacal disease, from the extravagant opinions these patients entertain of themselves. He mentions the case of a maniac, who placed himself upon faggots, and then set fire to them, because he believed himself possessed of celestial power, and that the flames would be instantly extinguished at his command. But the cases of fire-raising to which I refer, have no connection with imbecility of mind—the mere result of carelessness, or want of discernment on the part of the patient, nor with general insanity. They arise from some partial intellectual disease, which is capable of being discovered; or from some special impulse. This propensity occurs most frequently in young

subjects, who are approaching, or have just reached the age of puberty; and it accompanies, and alternates with, the desire to commit murder or suicide.

About ten years ago, a man of the name of Jonathan Martin, while labouring under partial insanity, set fire to the Cathedral at York. This man was distinctly proved to have entertained delusions on the subject of religion, which were sufficiently obvious, even at the time of his trial. When asked if he was not sorry for what he had done, he replied—"Not at all: if it was to do over again I would do it yet. It is necessary to purify the house of God from the unworthy ministers who have departed from the original purity of the gospel." And when it was remarked, that the destruction of so splendid an edifice was not the way to reform the priests who had desecrated the temple, he replied,—"Pardon me; it will make them reflect, and they will see that it is God who has directed my hand. The Lord acts in mysterious ways, and it is by his will that all things are done on earth as in heaven." Upon seeing the crowd which was present at his trial, he said to the jailor,—"I have caused a great deal of commotion. Bonaparte never in his life made more noise than I have done. A part of the indictment charged him with the theft of some gold fringe, and some other articles of value, which surrounded the archbishop's chair: and when the solicitor general rose and said that he departed from that part of the indictment, Martin observed,—"You do well to desist from the accusation of theft. It is not common sense. I had no intention to take an article; but an angel having communicated to me the will of God, to set fire to the church, it was necessary to furnish myself with proof that I alone had done this thing; that no other might have the honour; or, if you prefer it, that no other should suffer the punishment." Martin was found insane, and sentenced to confinement.

A case is related in Henke's *Zeitschrift*, of a young man who had attempted suicide, by drowning himself; who, some time thereafter, after several ineffectual attempts to throw people in the Iser, saw a boy, six years of age, walking a few paces behind his father, and whom he endeavoured to induce to follow him, by offering him a little money. The boy refused, and he walked beside him till he came to a deep place in the river, when he instantly seized him by the throat, threw him into the water, and immediately fled. The boy was rescued by his father, who heard his cries. He confessed that he had set fire to a house some time before. This man was haunted with the idea that he was a miserable sinner, and as such, that he must die. When arrested, and the father of the child asked him why he had thrown his son into the river, he made no reply; and to some other remarks he said, that he would have hung a stone about the child's neck, to insure his sinking, if there had not been so many people present.* This man presented no traces of any intellectual disease, with the exception of the fixed idea connected with his sinful state.

An equally interesting case is related in the same journal, of a man of the name of Behneke, fifty-seven years of age, who, while labouring under religious monomania, with weariness of life, set fire to his house. Behneke had served as a soldier for five years. A part of that time he had been in Holland, and the remainder in his own country, during all which time he had enjoyed perfect health of body and mind. He subsequently married, and had several children. His health had become indifferent; he suffered from several diseases; and he was particularly annoyed with headache, from which, indeed, he had occa-

* Zeitschrift für die Staatsarzneikunde.

sionally suffered since his youth. He had sometimes appeared to labour under anxiety of mind and melancholy; he complained of oppression about the chest, which affected his walking; and he sometimes wished that he were out of the world altogether. When questioned by his wife, as he lay in bed, as to the state of his health, he would seldom answer; and he sometimes said that God had abandoned him, that he could no where find peace. At the commencement of his illness, he would sing hymns aloud; and he would take religious books and spurn them with his feet and hands, repeating, that God had forsaken him; and he refused to hear them read. Upon the morning of the day he set fire to his house, nothing worse than usual was observed about him, only he had complained of great oppression of the chest. On the morning of the 27th June, 1830, according to his own account, he arose from bed in a state of great anguish, took a piece of burning wood from the chimney, and set fire to the roof of his house. When the house was in flames he left it, looked wildly around, and went into the garden, where he remained quietly, and uninterruptedly looked at the fire with a gloomy aspect.* The delusion which beset this man was, that God had abandoned him,—which continued after his confinement; and he expressed an anxious desire to be rid of life. The act may have been committed to ensure the punishment of death. If this was so, it resembles many cases of murder, by insane patients, which we have already seen are committed with a similar design.

The following case is quoted by Marc from the *Gazette des Tribuneaux* of 1827. On the evening of the 17th of September, a quantity of grain was consumed by fire, standing in a field belonging to a farmer of the name of Dammarez,

* Zeitschrift für die Staatsarzneikunde.

in the *commune* of Quaëdypre, in the *arrondissement* of Dunkirk. At the time when the fire broke out, the farmer heard a noise at the door of his house, but he saw no one. A few moments afterwards, he was informed that his corn was on fire. He immediately went to the place where the fire was, where he found several of the neighbours who were endeavouring to save what they could from the flames. A man of the name of Saison was among them, and rendered himself very active, and continued his exertions till the fire had completely ceased. The suspicion of Dammarez was directed to two servants whom he had dismissed on account of misconduct, but these persons soon proved that this was groundless. In the beginning of October, an officer of gendarmerie received a letter erroneously dated the 8th September, and signed Dambrez instead of Dammarez, stating that the person who had set fire to the corn on the 17th September, was a man called Peter James Saison, whom he requested him to arrest. He was arrested accordingly, and he appeared not in the slightest degree affected. While on the road to Dunkirk he confessed to the gendarme that he really was the originator of the fire. The motive for doing which, he said, was, that his mother had refused her consent to his marriage with a widow whom he had courted, and that he wished to avenge himself for this refusal, by bringing disgrace upon her. He also detailed the mode he had adopted in setting the corn on fire. When brought before the magistrate, it was discovered that the letter signed Dambrez was written by Saison himself. He persisted in his confession, but he gave various accounts of the motives which had induced him to commit the act, as well as of the circumstances attending its execution. He said that it arose from grief, because he was an illegitimate son, on which account he was refused admission into the

ecclesiastical profession, for which he had studied. Then he said it was to cause shame to his parents, who refused to make him legitimate by their marriage; that he was tormented with weariness of life, and had not dared to commit suicide, which he had more than once meditated; and that this was the mode he had chosen so that he might die in a *state of grace:* and at last, upon his trial, when interrogated by the judge, he said that he was now sensible of the error of which he had been guilty, in accusing himself of having committed a crime for the purpose of getting rid of his life, of which he was entirely innocent, and that the confession of the crime was with the view of having a termination put to his life, of which he was weary.* This man was acquitted and it seems doubtful whether he was guilty or not.

These examples, and many similar ones might be quoted, illustrate that form of the propensity to fire-raising which is the result of partial alienation of mind, which is connected with some mental delusion, but for which there is some known motive, however insane it may be; and I shall now endeavour to illustrate that other form of this propensity, which seems purely instinctive, and for which no motive, either insane or criminal, can be discovered. Those who have been chiefly subject to this extraordinary impulse are young persons at or approaching puberty; it occurs among males, though the majority of those who have laboured under this extraordinary disease have been girls; they have occasionally been subject to hysterical or epileptic paroxysms; and the impulse to fire-raising has been united, or it has alternated with the desire to commit murder or suicide. It is somewhat curious that by far the greater proportion of these cases have hitherto occurred in Ger-

* Annales d'Hygiéne Publique et de Medecine Legale. Tom. x.

many, where the subject has excited more attention than any where else. This may be accounted for, perhaps, by the well known fact, that such instinctive impulses are apt to spread by imitation. The accomplishment of their desire, as in the case of murder, relieves them from inexpressible anguish, and they feel the greatest joy at seeing the flames which they have raised, such as they sometimes confess they never experienced before.

A young girl, remarkable for her reserved and gentle character, made seven attempts at fire-raising, at a village near Coblentz. When asked as to the motives which had induced her to commit these crimes, she began to cry bitterly, and said that at certain times her reason was deranged; and that she felt herself irresistibly impelled, without the slightest motive of ill will, to commit the act, the execution of which was invariably followed by deep regret; but added, that notwithstanding her sorrow, it was impossible to do otherwise at these periods.

A girl called Klein, went as a servant to the house of a gentleman of the name of Becker, at Miesenheim. On the 7th of February, 1834, the house took fire; on the 12th, towards the evening; on the 13th, at eight o'clock in the morning; on the same day between ten and eleven; and again between two and three in the afternoon; and on the 15th, in the afternoon. These frequent fires, coinciding with the arrival of this girl, led to her dismissal. She soon afterwards went into service again, and in a short time afterwards, the house of her new master took fire, and was burned to the ground. Suspicions fell upon the girl, and she hardly attempted to deny that she had been the means of communicating the fire to the house upon that, as well as upon the former occasions, at her late master's. She was tried and acquitted on account of the existence of instinctive monomania*

* Zeitschrift für die Staatsarzneikunde.

A girl, twelve years of age, was, upon three occasions, guilty of fire-raising, and of smothering, designedly, two children.

Another girl, of seventeen, upon returning from a dance where she had been greatly heated, was suddenly seized with the desire of fire-raising. She declared that she laboured under the greatest anguish, from which she was relieved on the third day, only after she had satisfied her inclination; and that she felt, on seeing the flames burst forth, a degree of joy which she had never experienced in her life before.

A servant girl who had been subject to severe headache, and occasional epileptic fits, upon three occasions set fire to the house. She had been observed by the mistress to be melancholy and abstracted, and was in the habit of screaming during her sleep. One girl alleged as a motive that she was desirous of seeing a great fire.

A servant girl set fire to the house upon two occasions. She stated that she lived happily with her master and mistress—that she had never had any dispute with them, but that she was harassed by an internal voice, which continually haunted her, which commanded her to burn, and then to destroy herself. After the first act, she looked quietly and with pleasure at the flames: upon the second occasion, she gave the alarm herself, and then went and attempted to hang herself. No trace of intellectual disorder could be discovered in this girl.

Some of the cases of fire-raising by very young subjects, which have been detailed by the German writers as cases of instinctive monomania, do not seem to me to be examples of that disease. The accident has occasionally taken place from thoughtlessness and ignorance, and in some instances the house seems to have been set on fire from childish revenge, in consequence of the ill usage they fancy themselves to have received, or for the purpose of

getting rid of service which has become irksome to them, and that they may get back to their homes. Of the former of these cases, the following is an example which occurred not long since in the neighbourhood of London. Jane Walls, a girl of thirteen, a servant with Mr. Stone at Barkenside, entered the house one day while her master was at dinner, and said, with a frightened look, "Come quickly, the house is on fire." Upon examination it was found that a bed and the bed curtains were burning, which were consumed, but the fire went no farther. Suspicion having been excited that the girl Walls had set fire to the bed, she was induced to confess that she had done so. She said she did not think she was doing any harm; that she wished to see if by putting a lighted candle to the curtains of the bed, it would set them on fire; that she was curious to see what the flames would be like; and that she supposed they would be much prettier than the burning of coals or wood. She said that she was quite happy with her master, and that she did not think she was doing him any injury by burning an old bed, as he was rich enough to buy a handsome new one. The only object, in short, seemed to have been to see a good blaze. It subsequently appeared that this girl had suffered from some head affection, which may have produced some weakness of mind.

As a proof that fire-raising by young subjects is sometimes the result of childish revenge, I may mention the following cases. A boy who had been punished for incontinence of urine in his bed, set fire to his master's stable. A young lad, after having been maltreated by his master, burned his house. And cases are recorded, in which the motive seems to have been to quit an irksome service, and that they might return to their parents. These are not cases of disease at all; they are the result of perturbation of mind, caused by childish passions. The cases,

however, which I have related, decidedly show that there is such a disease; and it has been with reason, it appears to me, supposed by Henke, to be connected with that mental disturbance which frequently attends the approach of puberty, when sexual desire is first experienced, at the period when hysterical diseases are so common, as well as ecstatic affections of various kinds,—somnambulism, extraordinary exaltation of the faculties of the mind, and the various forms of mental alienation.

It is by no means an unfrequent occurrence for insane patients to destroy themselves by means of fire. Many have set fire to the bed on which they lay, and have been burned to death; and in some curious cases, detailed chiefly by the German authors, they have destroyed themselves by going into a heated oven. Some very horrid cases of this kind might be quoted, but they are mere examples of suicide from partial insanity. A gentleman, lately deceased, well known in the sporting world, whose life, as written by a brother sportsman, seems to have been one continued act of insanity, once set fire to his shirt for the purpose of curing the hiccup, and was most severely burned.*

DESTRUCTIVE PROPENSITY.

But such criminal propensities are not the only ones which are occasionally displayed in insanity, and which indeed form the sole evidence of unsoundness of mind. Some patients have an irresistible inclination to destroy every thing they can lay their hands upon, without being actuated by any malevolent motive, and altogether independent of intellectual disease. This state is attended by, and alternates with the impulse to murder, to suicide, or to fire-raising. I have quoted a case already where a woman

* Life of John Mytton, of Halston, by Nimrod.

successively murdered her niece, her mother, a woman and a child; and who, after she had murdered her mother, went into her house and destroyed a part of her furniture: when she hid herself in the cellar after the last murder she committed, she spilled a quantity of wine. Dr. Prichard has mentioned a well marked case of this destructive propensity, which was pointed out to him in the lunatic asylum at York. The patient was a youth of good temper, cheerful and active, having no defect of understanding that could be discovered, even after long observation. He was continually prone to commit every kind of mischief in his power; he succeeded in making his escape from confinement, and made his way to Bishopthorpe palace, with the design to set it on fire. Many similar cases are recorded, and they occur most frequently at the approach of puberty. This destructive tendency is a very common and well marked feature of intellectual aberration. Some insane patients destroy every thing upon which they can lay their hands.

PROPENSITY TO THEFT.

A propensity to theft is a frequent characteristic of mental derangement, and, indeed, as in the case of the destructive propensity, sometimes the sole evidence we obtain of alienation of mind. This subject deserves the notice of the medical jurist. This propensity arises from some delusion which the person entertains, in reference, perhaps, to the largeness of his possessions, and that everything he sees belongs to him. It is connected with intellectual insanity, with some false conviction, which we are sometimes able to discover; but in other cases we can detect no incoherence,—there is no intellectual disease—the patient makes no mistake as to the article belonging to himself, but he labours under an ungovernable propensity to appro-

propriate every thing to himself on which he can lay his hands. In some of these cases they commit theft with great dexterity, and with all due precaution to prevent detection, which renders it difficult to distinguish between disease and crime. Sir Henry Halford has related the case of a gentleman whose insanity manifested itself in his appropriating every thing to himself and parting with nothing. When strongly urged to put on a clean shirt, he would do it, but it must be over the dirty one; nor would he put off his shoes when he went to bed. He would agree to purchase any thing that was to be sold, but he would not pay for it. A writ, *de lunatico inquirendo*, had been issued in reference to this gentleman. He was brought up from the King's Bench prison, to which he had been committed, for not paying for a picture, valued at fifteen hundred pounds, which he had agreed to buy; and in giving his opinion to the jury, Sir Henry recommended them to go to his house, where they would find fifty thousand pounds worth of property of every description; the picture in question, musical instruments, clocks, hobby-horses, and baubles, all huddled together in confusion on the floor of his dining room.*

Prichard mentions the case of an insane patient who would only eat when he had stolen food; and his keeper made it a constant practice to put into some corner, within his reach, various articles destined for his sustenance, in order that he might discover and take them furtively. Some patients, again, take possession of every thing within their reach, without seeming to care about retaining it.

Analagous to this state is that partial insanity which is characterized by the patient not being able to bring his mind to part with what he does possess, even for

* Halford's Essays and Orations.

necessary sustenance. Partial insanity most probably exists in all misers to a certain extent. They form a very erroneous judgment of the relations of things, of the real value of that upon which they have set their hearts. The love of acquisition resembles aberration of mind, in so far as it grows more inveterate by indulgence; and at all events, when it is carried to such an extent that the person would die of starvation, rather than part with money to buy food, no doubt can be entertained of his being of unsound mind. The marked propensity in these cases seems to be to accumulate; for some of these patients hoard up every thing upon which they can lay their hands, seeming to make very little distinction between articles of value, and those which other men would be most desirous to get rid of. In some of these cases, evidence of intellectual disease may be discovered, in others this is incapable of being done.

Others, on the contrary, give evidence of mental disease by their extreme profusion. This is a very common symptom of commencing insanity: it occurs in some cases of partial alienation of mind, also, and I do not doubt that the unwarrantable liberality and profusion in which some persons indulge, is a propensity arising out of a state of unsoundness of mind which forms its sole characteristic.

DEMONOMANIA.

Demonomania is a species of insanity which, at one time, was perhaps the most prevalent form which partial alienation of mind assumed. It naturally arose out of the universal belief—not only belief but fear, of the malignant agency of supernatural powers on the affairs of men. When persons in those times became insane, it is but in accordance with the usual phenomena of the disease, that their delusions should be connected with the subject which perhaps exercised the most important influence over them,

while their mind was in a sound state. Demonomania has gradually disappeared as ignorance and superstition have receded, for we find that insanity still assumes this form in those countries where ignorance and superstition are most prevalent. A history of demonomania would embrace an account of the belief which has existed in all ages in supernatural agencies. This belief was strengthened by the very means which were adopted to suppress the intercourse which was supposed to exist between unclean spirits and those who had abandoned themselves to their power. Extraordinary evidence of their guilt was admitted, and the law punished them with unrelenting vigour. When the law ceased to punish, sorcery was at an end. That many of those unhappy creatures who were executed for their supposed initiation into the mysteries of Satan, were insane, very little doubt can be entertained. To be old, and ugly, and poor, furnished a sufficient ground of suspicion; and the mind was most probably unhinged, and the confession of their guilt extorted, under the torture to which they were subjected for this purpose. But it seems farther probable, that many of these poor creatures were of unsound mind, and that their confession was not the mere consequence of their inability to resist the torture to which they were so frequently subjected—the extraordinary nature of the confessions, the similarity of the details, the minuteness with which the mysteries of their intercourse and their rites was described, the excitement in which they seem to have been—all decidedly show that it was a state of mind capable, like all mysterious belief, of being spread by imitation. When we consider farther, that the confession was very frequently voluntarily emitted when no suspicion of their guilt had been entertained,—when we find that the punishment of one case of witchcraft was certain to lead to the discovery of a great many more,

chiefly on the evidence of their own confession, there seems no reason to doubt of their having been under the influence of mental delusion. Such seems to have been the history of supernatural possession in all ages; and it accords with the more prominent features of that species of unsound mind, whatever may be its object, which afflicts whole communities at the same time. The confessions of the Jews who were supposed to have poisoned the wells, and thus to have occasioned the fearful epidemic known by the name of the "Black Death," in the fourteenth century, resemble in their minuteness, and, above all, their impossibility, the confessions of sorcerers extorted by similar means, viz. imprisonment, starvation, and the rack.

The exalted notions of religion which occasionally affect whole communities, propagated apparently by a moral contagion, and which are known to originate in a single spark of extravagant enthusiasm, give rise to a species of insanity somewhat of the same kind, but in which the delusion is connected with a belief in their supernatural powers—that they are in a state of assured safety—that they are conscious, as it were, of the corporeal presence of the Holy Spirit in their own persons. They are not more sane than those who believe themselves to be possessed by devils.

As an illustration of that form of partial insanity which has been called demonomania, I select the following case from Esquirol:—"L., 57 years of age, a washerwoman. She had been very devout from her infancy. At the age of seventeen she was married, and became the mother of fifteen children. At the age of forty-six, she lost her husband and one of her children nearly at the same time: the latter expired in her arms. From that time the menstrual secretion became irregular. She began to entertain religious scruples; accused herself of having taken the sacrament unworthily; and she became more attentive to her reli-

gious duties, neglected her work, and passed the most of her time at church. She soon became unable to sleep at night, and lived in the constant fear of hell. At the age of fifty-two, her menses ceased altogether, and her religious fears were increased to absolute terror. She believed herself to be in the power of the devil. She suffered from fever and delirium, during which she threw herself out of the window into the street. She was conveyed to the Hôtel-dieu, and from that was transferred to the Salpetrière. She was excessively emaciated, her face was much wrinkled, and her expression anxious. She was constantly in motion, and ever attempting to work mischief—to strike—to murder. According to her own account, she had been the wife of the great devil for a million of years. He lay with her, and constantly told her that he was the father of her children. Her body was a sack made of the devil's skin, and full of toads, serpents, and other unclean beasts, which were devils. She did not require food, (nevertheless she eat well,) every thing she got was poisoned, and she would have been dead long ago if she had not been the devil. For twenty years she had not gone to stool. She had committed all manner of crime: she had stolen, murdered, &c. The devil constantly urged her to kill—to strangle even her own children. She had committed more crime in a moment, than all the criminals together who had lived for an hundred years. In giving herself to the devil, she had been obliged to devote her children to him likewise; in return for which he had promised to kill God and the virgin."*

The following case is from the same author:—"H., 51 years of age, was subject to headache and colic pains, and was the mother of three children. During her last preg-

* Esquirol, Des Maladies Mentales, Tom. 1.

nancy at the age of forty-six, she read the apocalypse, and books of ghosts and witches, by which she had been greatly terrified. The labour proved laborious, and the recovery from it tedious. The following year she borrowed a sum of money to oblige a relation. The creditor harassed and threatened her. Tormented, according to her own account, about the debt, one day, when walking in her garden, the devil appeared to her, and proposed that she should sign a paper with the blood of the little finger of the left hand, in return for which he would give her the money which she owed. After a good deal of discussion, she signed, in the manner proposed, her renunciation of God, and her devotion to the devil, whereupon the earth shook under her feet, and a furious and destructive whirlwind arose, enveloped her house, and carried off the roof. The devil then instantly disappeared, and carried her body along with him, leaving nothing but the shadow behind. All her neighbours were witnesses of these occurrences. Her body being with the devil, her image was often tempted to throw itself into the river or to strangle itself. The devil was constantly urging her to commit crimes. Finding herself devoured by the flames of hell, she had thrown herself into a pool, but had only burned the more ever since. She was destined to remain eternally on the earth, until learned men should have discovered the means of forcing the devil to bring back her body. Every thing she knew had been taught her by the body which was no longer here, and which, before her misfortune, was upon the earth."*

We are informed that those who believed themselves to be initiated into the mysteries of the Sabboth, were in the habit of keeping up the hallucination by artificial means,

* Esquirol, *ut sup.*

for the purpose of sensual gratification. Chiarugi says that those truly insane persons who arrogate to themselves the character of sorcerers, before going to bed, drink some intoxicating liquor, or anoint themselves with some narcotic substance, particularly with the empyreumatic oil of the seeds of the datura. These producing sleep, and, at the same time, reviving and exalting the idea with which their imagination is filled, make them dream that they are transported to their accustomed imaginary meetings, where they seem to enjoy the pleasures to which their impure desires invite them. *

It may readily be believed, that patients labouring under such delusions as I have described, might commit suicide or murder. Demonomania is a species of insanity which is every day becoming more rare, and, it is to be presumed, will be soon altogether extinct. It occurs among those who have been amused or frightened in infancy by tales of ghosts, witches, and devils. It is a well known fact, that the early impressions made upon the mind by such stories have never been completely effaced, even from the strongest intellects; and when such persons become insane from any of the usual causes, the delusion is very apt to assume the character of demonomania. A faulty or neglected education—religious fanaticism—austere devotion—exaggerated notions of divine wrath—the fear of future punishment—reading books of magic or witchcraft,—are the causes, either remote or exciting, assigned by Esquirol, of this form of mental alienation. Such patients not only commit suicide, and attack those who come within their reach, but, believing themselves to be possessed by the devil, they think themselves obliged to display some of his destructive propensities,—they there-

* Della pazzia in genere e in specie, Tom. 2do, p. 49.

fore will destroy whatever they can lay their hands upon, and they attribute all their misdeeds to the evil spirit which possesses them.

It is not undeserving of notice, that some of those who pretend to supernatural power, for the purpose of imposing upon the ignorant and credulous, have themselves become the victims of that very ignorance and superstition. A man of the name of Odier, was tried in 1824 for the murder of a pretended witch. All the witnesses upon the trial described the murdered woman as a person who practised sorcery, which, indeed, had been hereditary in her family. It appeared that the criminal thought he was performing a most laudable action in ridding the world of this impostor, whom he sincerely believed to be possessed of supernatural power.

Three women fancied that a poor old woman, who passed for a witch in the country, had, by her diabolical agents, cast charms upon several persons suffering under infirmities of various kinds. They abused her in the most brutal manner, and at last threw her into the fire. In both these cases, the punishment awarded by the courts was imprisonment for various periods.

Chiarugi, indeed, has long since observed, that the majority of demonomaniacs simulate their condition for the purpose of obtaining money from the credulous or fanatical; though he admits that there are really insane persons called witches, who believe that, on account of some imaginary compact they have entered into with the devil, they are able to work miracles and to perform supernatural acts; that they have impure intercourse with evil spirits; that they can cause conjugal impotence, make sick and restore to health, and such like follies. He farther observes, that persons are found, even amongst the most ignorant rustics, composers of filtres and charms,

insane enough to believe that those who possess them can obtain what is contrary to the established order of things.* Demonology and witchcraft form the most melancholy chapter of all history. It is a curious fact, that they seem to have had some relation, either in their origin or object, in all times and in all places, with sexual desire. For a deplorable picture of superstition, credulity, and ignorance, as exhibited in our own country, the reader is referred to the numerous cases of witchcraft in the collection of criminal trials published by Mr. Pitcairn.

But fanaticism is capable of affecting the integrity of the mental faculties, so as to give origin to actions which are not only reprehensible for their folly, but crimes the most atrocious. I shall cite a single example among the many which might be adduced, not because it is more revolting and incredible than many similar instances which have taken place, but because it is the most recent with which I am acquainted. For several years a sanguinary religious fanaticism desolated some of the cantons of Switzerland. A sect of fanatics shed human blood to ensure the safety of their souls. One family of countrymen carried it to the most fearful excess. A girl, 28 years of age, of violent passions, after having led, for some years, a dissolute life, all at once fell into the opposite extreme. Seclusion, mysterious doctrines, the ardour of proselytism, ultimately deprived her of reason, and in this state she succeeded in exalting the enthusiasm of her father, her brother, and sisters, and some of the neighbours who were in the habit of listening to her preaching, to a most extraordinary degree; until, in short, they had become as insane as herself. A final meeting took place at her father's house, when she announced that blood must be shed to save a multitude of souls. She commanded all present to beat their breasts

* Della pazzia in genere e in specie, Tom. 3o.

with their fists, which they did. She then seized an iron hammer and struck her brother and two others with it on the head. Her brother fell insensible, and he was carried into another apartment. Her sister next presented herself, and she expired under the blows directed by enthusiasm and insanity. The prophetess here announced that she must die the death of the cross for Christ. She at first wounded herself so that the blood flowed copiously; then, by her orders, the fanatics who surrounded her made deep incisions in her body, to obtain her precious blood. She then caused herself to be crucified. They drove nails into her hands and feet, and suspended her with ropes by the arms and loins. Her body was wounded all over, yet she said she did not suffer pain, and reproached her executioners for their gentleness. At last she requested that one nail should be driven into her heart, and another into her head, to finish her. They murdered her at last by beating in her skull with a hammer. The fanatics regarded the two dead bodies with the most perfect composure, confidently expecting their resurrection, as the prophetess had foretold. Eleven persons were tried before the criminal tribunal of Zurich for this crime. They all confessed their mental delusion, and solicited the clemency of the court, and they were sentenced to imprisonment only, for various periods of time.*

The circumstances attending the deplorable case of Thom, or Courtenay, and his deluded followers, which recently happened in England, are well known, and prove, if proof were required, that ignorance, credulity, and superstition are unchangeable, that they are as capable of being imposed upon, and of being led to the commission of insane acts in our own time, as they were centuries ago, when they were more prevalent.

* Relation des Atrocités commises dans le Canton de Zurich, en 1823, par une association de fanatiques.

MEDICO-LEGAL APPLICATION.

Having endeavoured to describe and illustrate the more prominent varieties of partial insanity, I shall now consider the application of medical jurisprudence to this form of unsoundness of mind. In reference to imposing restraint upon patients labouring under monomania, I may remark, as has indeed already been observed, that to deprive a patient of personal liberty, and to confine him in a mad-house, can only be justified or sanctioned by the necessity of the case, which forces us to commit this apparent injustice for fear of greater evils ensuing. It does not necessarily follow, that all those who entertain hallucinations upon some subject or another, are, on that account, to be deprived of personal liberty, to be declared incapable of managing their own affairs, and to be separated from their friends. We may, perhaps, be justified, in a legal sense, in placing all such patients under control, but, in a moral point of view, this is far from being the case. Our object in restraining the personal liberty of insane patients, is, to provide in the best way we can for their own safety, as well as that of their friends and the public. When danger is threatened to any one of these, there cannot be the slightest hesitation on our part, to place the patient in such a situation as will most infallibly prevent the injury which the disease has rendered imminent. The medical practitioner has other inducements: restraint is sometimes the only means which holds out any expectation of a cure being effected.

When we are called upon, therefore, as medical jurists, to grant the usual certificate to authorise the patient being placed under control, our first duty is to ascertain the precise nature of the case, and the form of the disease under which he is labouring. It is at all times neces-

sary to obtain a minute history of the life of the individual for some time previous to the appearance of hallucination; and we should, in every case, endeavour to ascertain the cause, either remote or exciting, which may be presumed to have given origin to the disease. If we find the patient exceedingly unhappy—if he entertain a fixed belief that he is abandoned by God, and doomed to eternal misery—whenever, in short, there is despair, there is the utmost danger of suicide—if the delusion be of such a character as that the means of the patient are likely to be injured by his profusion or carelessness—if he have given proof of violence of temper or manner,—in all such instances our course is obvious: for his own sake as well as for that of his friends and the public, he should be placed in such a situation as will prevent the injurious consequences which those indications so clearly threaten. The necessity of this course is strengthened when any of these circumstances have been attempted or partially fulfilled. If the patient not only declares he is weary of life, and anxiously desirous to get rid of it, but has actually made attempts to destroy himself, it would be highly censurable on the part of the medical jurist, to permit him to remain a single hour at liberty. If he is wasteful of his means, or indifferent to the preservation of his property, it is high time that its management were taken out of his hands; and whenever violence has been threatened to others, not a moment should elapse till the proper steps are taken to place such a patient under proper control. It is not necessary to dwell on the propriety of placing a patient in confinement, who has given us the most distant idea to apprehend that he meditates suicide, or when the character of his delusion leads us to suppose that such a calamity is possible,—good sense and long experience sufficiently prove its necessity; but it is by no means an uncommon

thing for persons labouring under monomania to be permitted to ruin themselves and their families by their profusion or carelessness, the decided result of intellectual disorder. Esquirol has related a very interesting case, which I shall quote, as well illustrating the fact which I have mentioned:—

A merchant, 51 years of age, of a quiet and easy temper, the father of a numerous family, had acquired a considerable fortune in trade. He experienced some domestic uneasiness, but of so trifling a character as would not have produced any effect upon a person of firm mind. About a year before, he had established his son in a large business. A short time afterwards he became more active, and, contrary to his habit, he exhibited in his manner the joy which his increasing prosperity produced. He was more frequently absent from his business. Notwithstanding these slight changes of character, neither his family nor his neighbours observed any thing approaching to aberration of intellect. One day after he had gone out, a dealer brought home two portraits and asked fifty louis for them, the price which, he said, he had agreed upon for them with a respectable gentleman, who had given him his name and address. The sons of the gentleman dismissed the man, and refused the pictures. When he returned, he did not speak about the portraits; but his sons having mentioned the attempt, as they supposed, at imposition, which had been made upon them in reference to the pictures, he seemed annoyed, asserting that they were superb, that they were not dear, and that he was resolved to buy them. He became worse, and was placed under the care of Esquirol. Upon examining his books, it was found that they were in a very bad state—great omissions were found, and there was a great deficiency of cash. These omissions and irregularities in his mercantile books had been going

on for six months. This accidental discussion about the pictures, prevented a mercantile house of the utmost respectability from becoming insolvent. A bill was presented when due, for a large sum, for the payment of which he had made no provision whatever.

There are many cases in which persons are of unsound mind, in which they entertain hallucinations upon some topic or another, who are, nevertheless, in a medico-legal point of view, not fit subjects for confinement. If the delusion be of a cheerful and perfectly harmless character, which, however it may be indulged, cannot possibly lead to the injury either of himself or others, there seems no object to be gained by confining such a patient in a madhouse. It is extremely disagreeable, no doubt, to the friends of a person, that he should make himself ridiculous by the exhibition of some strange delusion; and they may be urgent with us upon that ground, or, it may be, worse motives, to grant a certificate to place him under control—but that should not weigh with us. We must be satisfied of the necessity of doing so from more valid reasons; and we must be guided by what shall seem most conducive to the well-being of the patient himself. It is not enough that a man should believe himself to be sustaining some exalted character, or that some exalted personage is in love with him, or that some part of his body is made of glass, or of butter, to justify his restraint. We must have reason for doing so, arising out of the character of the delusion, the mere existence of which is not of itself sufficient ground. If, for example, the man be exceedingly happy, pleased with his imaginary greatness, there is no danger of his committing suicide; and to confine such a patient might aggravate his disease. If the hallucination be permanent, and do not alternate with some other, the in-

dulgence of which might be attended with injurious consequences, there can be no necessity for his seclusion.

But it is proper to remember that it is not in every case in which the illusion seems unattended with danger, that it is so in reality; they are able to disguise their weariness of life, and to conceal the fixed resolution which they have adopted to destroy themselves, so that they may accomplish it the more easily. So true it is, that suicide has frequently been committed before the tendency to it was even suspected. Besides, the distress which partial insanity occasions, even in those cases in which no tendency to suicide had in the commencement of the disease been manifested, and when the character of the hallucination had given no reason to fear such a catastrophe, may so distract the mind, may render the patient so miserable, that he may commit suicide quite unexpectedly. The character of the hallucination itself may change very suddenly, and impart a desire to be rid of life, when at the commencement no such inclination has existed. These are all so many valid reasons for us to grant certificates for the confinement of monomaniacs, and which sufficiently justify our doing so, even when no tendency to self-destruction had manifested itself. The very same circumstances sanction us in confining a patient labouring under partial insanity for the sake of others. He may be perfectly harmless, he may have given no indication of his desire to assault or injure any one, but the character of the hallucination may suddenly change, he may be impelled by the inconceivable mental agony he is suffering, without the shadow of a warning, all at once to become outrageous and furious. When we reflect, moreover, that we know from the most ample experience, that a cure is more likely to be effected when the patient is treated upon correct principles, in a well-conducted lunatic asylum, than when he is left to

the care of his own friends, when the treatment recommended may be rendered of no avail from their well-meant but injurious indulgences, it may seem almost improper in any case to withhold our sanction to his restraint. We have still to remember that confinement is not suited to every case, and in those only, perhaps, and in such as hold out no prospect of a cure, and in which, at the same time, no injurious consequences are likely to accrue from the patient's remaining at large, should we refuse to commit them to proper control. It may be urged, and indeed I believe it has been urged as an objection to the confinement of the insane, that suicide and murder sometimes occur in lunatic asylums, even the best regulated: no doubt they do, and this is just an additional, and, perhaps, the strongest reason for the propriety of confining insane patients; if even in cases where no want of due care has taken place, the cunning of insane patients has triumphed over the strictest surveillance, we may well believe that but for proper precautions, the number of such accidents would have been very greatly increased. For every insane patient who commits suicide in a madhouse, properly conducted, and such only should be selected, at least one hundred have done so when left to the care of their own friends.

In any of those cases in which the patient is haunted by an instinctive impulse to murder, or burn, or steal, or destroy every thing which comes within his reach, independent of intellectual disorder that can be discovered, there can be no doubt of the propriety of his being confined, and the restraint should continue for such a length of time as shall be sufficient to convince us that the cure is complete: this we shall have very little difficulty in ascertaining, as in those cases the patients themselves are conscious of, and lament their infirmity.

But even independently of those more evident examples

of a disordered volition, there are cases of moral insanity altogether unconnected, apparently, with intellectual disturbance, where none of those criminal propensities have been manifested, in which seclusion may nevertheless be rendered necessary; as an illustration of this I shall quote the following case, communicated by Mr. Hitch to Prichard, as a highly interesting example. "N. M. aged about forty, was a corn-dealer and baker, and a man of mild and retiring disposition, steady in business, regular and domestic in his habits, highly conscientious, religious without ostentation, correct and cautious in his conversation, and kind and benevolent to all persons. His health was considered to be delicate, but he was never ill, and he avoided great exertion, feeling himself not equal to it. He was a married man, and had children of whom he was extremely fond. He experienced some severe losses in his business, which weighed heavily upon his mind, and he became exceedingly depressed. He made a great effort to rouse himself from his despondency, and exerted himself, with the view of recovering for his family what he had unavoidably lost. He was, to a great extent, very soon rewarded for his efforts. It was very shortly afterwards observed by his friends, that his increased exertion had impaired his spirits, which it was remarked had become much more elevated than they were, previous to his depression. He now began to extend his business, in which he was become more keen; at market he displayed more acuteness in buying and selling, and seldom trusted to others any thing he could accomplish himself; and he was ever watchful of an opportunity to make purchases or to effect sales to his advantage. These changes in his habits went on until the character of industry appeared to his friends to be overperformed, and they feared that he indulged something like unnecessary exertion and anxiety, and that his excessive

assiduity of mind and body would destroy his health. His journeys became longer and more frequent, and his nights were greatly shortened, and he was often absent from his accustomed place of worship on Sundays. After some months had passed, and while these changes were going on, his family ventured to remark to him that such extended journeys to transact business withdrew his attention from that at home, which was regular and profitable. For the first time he was observed to speak in a tone of voice, and with an expression of feeling which had never belonged to him. Still his family and friends had no fear of madness, but entertained a dread lest he should overstep the line of security in business, or undermine his health by excessive exertion. His temper, which was naturally so mild, from this time grew hasty and irascible; he became incapable of hearing an opinion opposed to his own, and was irritated if a check was offered to his present proceedings. Still he prosecuted the same scheme of business without as yet deviating from his course; he extended but did not alter his plans; and thus were more than ten months disposed of. A change now became manifest in his feelings towards his family, he frequently spent his evenings in the society of others rather than in that of his wife and children, to which practice he had ever been habituated. He spoke in approbation of all he saw elsewhere, and found innumerable faults and objections to what was done at home; his children were less engaging and intellectual than those of his neighbours; and his wife's domestic arrangements were less complete, and he was evidently less attached to her. He was at this time in the habit of taking freely of stimulating drinks, to which he had never been accustomed, and excused himself under the idea that his great exertions required support. He became addicted to strange women, and the fact being

brought home to him by his wife, brought on the crisis which had been long approaching. Having given vent to the most passionate expressions, and threatened violence of the most serious character, he quitted his home, forsook his family and his business, wandered about the country, sleeping in the open air, and subsisting by the meanest artifices. His friends at length found him and consigned him to my care. Twelve months had fully elapsed from the time when they discovered a change in his natural habits. When I received him, the expression of his countenance was animated and lively; great activity was indicated by the quickness of his eye, but the unsteadiness of his look, together with a quivering smile playing about his lips, marked it as an activity without object or motive. His face was pallid, the conjunctiva finely injected, the pupil contracted, the head was hotter than the rest of the body, and the hair which was very thin, then felt crisp; the tongue was foul, and the bowels constipated; the hands and feet were colder than the rest of the body, and the former had that soft feel peculiar to the highly nervous; the pulse was slower than natural, feeling full and bounding, but it could be compressed, and the current of blood checked by the slightest pressure; the respiration was tranquil and regular, slow and scarcely perceptible by looking at the chest. In conduct and manner he was anxious, eager to be doing something, moving from place to place without any apparent object, removing every article of furniture that was moveable; abounding in speculations and new projects; proposing long journeys to be executed in haste; talking incessantly, but coherently, and for the most part rationally, upon a great variety of subjects; he used no expressions of antipathy against his family, nor, indeed, against any person, but it was evident that the mention of his wife or children greatly increased his agita-

tion. He had no fixed notion which influenced his conduct, and no delusive ideas. When addressed on the subject of his situation, he was fully aware of the place he was in, and knew the reason of his confinement; he attached no blame to any one for placing him under my care, and admitted that he had felt unlike himself for some months, but had flattered himself that his health was improved, and that his increased spirits were the legitimate consequences of this and of his improved finances; he was conscious of his conduct to his family, but neither blamed himself nor extenuated it. On business he would converse most rationally, but if the opportunity had presented itself, he would have expended his money in the most useless purchases. He was capable of making the nicest calculations connected with his own affairs, and was correct in all his data when speaking to a second person; but when left to himself his conduct and language were ridiculous in the extreme. This individual perfectly recovered in about three months. After his recovery he confessed that the idea that he had been mad for some time, and was then so, flashed across his mind at the moment when he entered the establishment.

I have quoted this case at length, because it is highly interesting in itself, and because such cases are very common indeed. These patients, as the gentleman by whom it is communicated has well observed, instead of being fortunately treated as insane, when allowed to remain at large, go on from one misfortune to another, till they have become beggared in estate or reputation, and sink at last into a jail or a workhouse. It is a mistaken kindness to regard them in any other light than that of patients requiring treatment for their cure, and control for their safety; and these can be best conducted and enforced in a well regulated asylum.

It is sometimes necessary to place those persons under control, who have become so extremely penurious that they cannot bring their minds to buy food sufficient to keep themselves from starvation. L. M., a working tradesman of industrious and sober habits, conducted himself with propriety until about forty-six years of age, and had accumulated a considerable property from the fruits of his exertions. About that time he lost his wife, and after her death be came more and more penurious. At length he denied himself the comforts, and in a great measure, even the necessaries of life, and became half-starved and diseased; his body was emaciated and beset with a scaly eruption. A gentleman who had long known him, hearing of the condition into which he had sunk, sent a medical practitioner to visit him, by whose advice he was removed to a lunatic asylum. The gentleman, who was present on the occasion, observed that, previously to quitting the room in which he had immured himself, he kept his eyes fixed on an old trunk in the corner of the apartment. This was afterwards emptied of its contents, and in it were found, in the midst of various articles, dirty bank notes, what had been thrown into it at various times, to the value of more than a thousand pounds.* This man, when seen by Prichard, betrayed no sign of intellectual delusion, nor did it appear to him that anything of that description had ever been a part of his complaint. He ultimately, however, became insane.

But it has been already observed that confinement should not be continued a single moment longer than is necessary for fulfilling the object which was intended by its being had recourse to; and a highly important part of the duty of the medical jurist is to determine when it should

* Prichard's Treatise on Insanity, p. 45.

cease. The regulation, by statute, of lunatic asylums in this country, in a great measure prevents the abuses in this respect with which they were at one time so justly chargeable. I do not mean to affirm that abuses may not occasionally occur, but they are few in comparison to what they once were, and the danger is certainly greater that by the concealment of their infirmity patients may be released too soon, than that they should be confined after all necessity for restraint has ceased. In our intercourse with patients whom we may suspect of concealing the partial insanity under which they are presumed to labour, our first duty is to endeavour to obtain their confidence. We ought not, as is too frequently done, to appear as if we were about to enter into an intellectual contest with them. We should not contradict them abruptly, but rather treat them as equals with whom we are desirous of conversing; and perhaps those many cases which are recorded of insane patients obstinately and successfully concealing their situation, and the delusion under which they were at the moment labouring, are to be ascribed to the mode and circumstances attending their examination. The legal form is in this respect very faulty. The suspected lunatic may be brought into court, and personally examined by the counsel, the judge, and jury; now, nothing can be supposed more highly favourable to the successful concealment of his disease than this. It is calculated to stimulate and exalt all the faculties of his mind, which it is remembered are only partially disordered; and the aberration may be confined to a single topic. The situation in which he is placed, and the object in view, of which it is not to be presumed that he is ignorant, will tend to sustain his caution; his firmness will be converted into obstinacy by contradiction and the teasing examinations and cross examinations to which he will be subjected: and his pride will be

heightened, and the desire to obtain the victory just so much the more strengthened by the very means which have been used to test his sanity, so that the real state of his belief upon some subject or another, and which may lead to insane acts, may remain altogether concealed. No better proof is required of this than the fact, that in those cases in which an insane patient has been detected in open court, and his delusion exposed, when upon the point of baffling all the art which had been used for that purpose, it has almost invariably been accomplished by his being suddenly thrown off his guard, being surprised by some unexpected occurrence which all his caution could not provide against. But independently of this faulty mode of procedure, the conversation of patients who are really of unsound mind may not only impose upon those who are but little acquainted with the characteristics of insanity, but upon those even who are the most familiar with them. The hallucination, for example, may be of such a kind that in the position of many it would be nothing else than an unfortunate truth. It is a very characteristic feature of insanity for the natural affections to become perverted; they believe that those who regard them with the tenderest affection are persecuting them in the most cruel manner; and should we hear a person whose state of mind we are called upon to inquire into, complain of the ill usage she had received from her husband, is that so uncommon as that it must, without further inquiry, be set down to insanity? It may be so, but it may be an unfortunate reality. Nay more, they are frequently so plausible in their replies, and attempt to account in the most ingenuous and apparently frank manner, for some extraordinary opinions that they have been known to express; that it is very difficult indeed to form an accurate opinion as to their state of mind. I have known a patient who not only endeavoured

to account for, and explain the unfounded opinions he entertained, in the most plausible manner, but even to express himself open to the conviction of his error, if it could be proved satisfactorily to him that he was wrong Therein, of course, lay the difficulty. A very interesting case is related by Marc, which will better illustrate my meaning than any general remarks could possibly do. Madam L. was placed in confinement on account of insanity, and she made a formal demand to be set at liberty. Marc was called upon to report as to her state of mind. She requested to be shut up in a room alone with him, fearing that she might be interrupted and annoyed in her narrative by the people of the house. It was not without difficulty that he succeeded in gaining her confidence, which, however, he remarks most justly, was absolutely necessary for acquiring a correct opinion as to her intellectual condition. Madam L. was a woman of much talent and considerable education. She explained in a very plausible manner some unreasonable acts which were attributed to her. For example, when one of her daughters was mentioned, who lived at R., and whom she believed she had recognised in a person she had seen go into a bath, and whom she had urgently asked for, and whom she had gone to seek at the house of a stranger, which she fancied she had seen her enter, and which led to her being maltreated; when this fact was mentioned, she said she was very short sighted, and might possibly have been deceived by the strong likeness between her daughter and the person she had seen at the bath. When her obstinacy in maintaining that one of her children was not dead, when the contrary was distinctly proved, was adverted to, she gave no evidence of unsoundness of mind; she said she was very willing to believe that the child was dead, and that all she required was the certainty of the fact by being shown a

certificate of its burial, which her husband had never done. The answers which this lady gave with the greatest reserve, were those which related to the injuries she fancied she had received from her husband. Marc observed that if she wished to satisfy him as to her state of mind, that she must open her whole heart to him, and speak without any concealment. He desired her to consider him as her friend, who had no interest in hurting her, but on the contrary, who was extremely desirous to be of service to her. He told her that if her complaints were well founded, they should be brought under the notice of the prefect of police, as well as that of the king's procurator. She said, "I do not doubt your good intentions, and I shall tell you all. At the same time I would not wish to injure my husband, whom I have loved much, and still love, though he is an extremely odd man; besides, he is connected with all the king's procurators." Marc said, "there is only one king's procurator, but he has substitutes." "That is what I mean," she replied. "Besides," he said, "the magistrates are perfectly honest and impartial, they will never consent to become the instruments of persecution; they will certainly do you justice." "I am convinced of it," she replied; "and I throw myself entirely upon them." When Marc questioned her as to the complaints she had to make against her husband, she said, "he persecutes me in every way. When I go to make purchases, some have the appearance of making a fool of me, they giggle; others seem to pity me, they seem to say, 'poor woman, they wish to make her pass for a fool.'" "But, supposing these facts true, do you believe your husband to be the cause?" "I do not doubt it. He even puts persons into the public carriages to follow me." "And as to your house?" "My house! it is still worse; a person who lives above me is commissioned to listen to every thing I say, and to spy into every thing which passes

in my room. In the house opposite to mine, another person lives who is in league with my husband, to whom he makes signals and gestures." "Have you heard voices which have suggested improper things to you, and which come from people whom you do not see?" "I know that insane patients have sometimes illusions of this kind, and they would immediately lay hold of such a circumstance to declare me deranged, if I had ever experienced any thing of the kind. Every thing has been perfectly natural. The people who have spoken to me I have seen and know them. As to the means of knowing what passes in my room, even when I spoke low, they were physical, perhaps tubes, moveable tapestries: what do I know. My husband is well acquainted with physics, I am ignorant of the science." "I confess I do not see the object of such persecutions; for, according to your account, great means are put in motion to produce very slight results." "It is to torment me, to make me pass for being insane. Every where he accosts people to make them turn me into ridicule. During my last confinement he even endeavoured to kill me." "What means did he take to accomplish that?" "I asked one day for a bed for my infant, and he caused it to be brought by a person who came in giggling." "When your husband came to inquire for you in the *maison dé santé*, where you now are, did you not say, that if he was permitted to enter the kitchen he would poison all the dishes?" "I did not exactly say that; but I said, if he was permitted to enter the kitchen he would put into the food which was destined for me, some drug which would excite me so as to make me pass for a maniac." *

The above case very clearly shows the propriety of obtaining the confidence of the patient, so that he may be

* Annales d'Hygiene Publique et de Medicine Legale. Tome 4.

voluntarily induced to open his mind to us, and to speak of those circumstances which are the sources or objects of his hallucinations. Had this woman appeared in open court, and been examined by counsel, judge, and jury, the probability is, that not a single word would have been obtained from her which could have been held as indicating unsoundness of mind. It may be proper to observe that the conclusion (and in my opinion a perfectly sound one,) to which Marc came upon the case of this lady, was, that she laboured under monomania, but that unless she had given reason to fear that she meditated suicide, or violence, she was not a fit subject for personal restraint. I beg leave to refer to the remarks which I have elsewhere made upon the concealment of insanity; and I observe, in conclusion upon this subject, that it is no doubt very easy for some patients to conceal the partial insanity under which they may be labouring; the art of the medical jurist consists in so entirely arresting their attention as to throw them altogether off their guard, or in obtaining their confidence, so that they impart their delusion to him as to a friend. In the great majority of instances of monomania, however, concealment is entirely out of the question. The very aspect of the patient is sufficient proof of his mental condition; and the hallucination has taken such complete possession of his mind, that instead of our finding any difficulty in inducing him to speak of his delusion, it is impossible to make him converse upon any other subject.

Monomania is subject to remissions, and distinct lucid intervals, during which the moral liberty of the patient returns. We must satisfy ourselves that the lucid interval is complete—that no remaining delusion exists—that he is capable of taking a sane retrospect of his past life, and knows his present position as well as a man of sound mind who had never laboured under mental aberration; that his

convictions in reference to the past, the present, and the future, are in no way influenced by any of the delusive opinions he formerly entertained. The general observations upon the lucid interval, which I made in reference to mania, are, in a great measure, applicable to the present inquiry. When the amendment is gradual—when the physical health is restored—when the affections return to their natural objects—when the natural character is gradually resumed—when the patient acknowledges his late delusions, and is perfectly conscious of their real nature—and when his state of recovered health, both physical and mental, continues for a considerable length of time, there is every reason to believe that the lucid interval is complete, and that the patient's conduct is not influenced by the false belief he had lately entertained, and into which he is soon again to fall. But the motives of a person during a lucid interval are always liable to some suspicion, particularly when that interval is very short, and bears but a small proportion to the length of time during which he has been insane; and in all cases in which any vestige of the delusive opinions under which he has laboured remains, whatever other amendment may be observed, it would be the duty of the medical jurist to consider such a patient as unfit to resume the duties of his station, as long as these influence his conduct.

Monomania may be concealed, but it would be excessively difficult to feign it successfully. So far as I am aware, this has but rarely been attempted; and if such attempts were made, they would almost certainly fail. It is no doubt easy enough to affect peculiar opinions and causeless enmities, but it would be exceedingly difficult to follow out the delusions of monomania to their full extent. It would be a wonderful intellectual effort, indeed, for a person of sound mind to imitate that peculiar reasoning which arises

out of, and centres in the fixed idea of partial insanity, without betraying the effort which it costs him: he would either over-act or fall short of the fact. No man, however well acquainted with the phenomena of the disease, could successfully feign that obstinacy of belief in the grossest error against the clearest argument, without showing that it was assumed for the purpose of deception; while no practice would enable him to imitate that aspect and expression which are so characteristic of this form of insanity. The actions as well as the conversation of patients labouring under partial insanity, are influenced by the delusive opinions which they entertain,—a person simulating the disease would most probably commit inconsistencies in this respect, which would be sufficient to detect him. It would be very difficult to imitate the melancholy and despondency which so frequently attend this form of alienation of mind; while the history of the patient, and of the progress of the disease, will be sufficient, in the great majority of instances, along with the obvious motives which the individual may have to simulate insanity, to point out the true nature of the case. Besides, we have it always in our power to watch the person when he is not aware that he is observed, when his assumed appearance and manner will not continue.

It would require more art than most men possess, to feign those instinctive impulses which lead to criminal acts, which I have already described, and which are believed to exist independently of intellectual aberration. It would be impossible, I believe, to feign successfully the extraordinary agitation, anxiety, and anguish, which, for the most part, precede the criminal act, to the commission of which they are irresistibly impelled. It would not, in all probability, be known, that the most certain means of succeeding in the deception, would be to take no measures to conceal,

but to confess without delay the crime which had been committed, and the criminal motive would certainly be discovered. Insanity is never, or but rarely, feigned for the purpose of avoiding the suspicion of guilt;—this, in fact, would be the most certain means of inviting suspicion. Simulation is attempted when detection is inevitable, and in the interval, the person will, in all probability, have rendered his successful simulation impossible.

Feigned attempts at suicide are by no means unfrequent. The motive, in most of these cases, is obvious, and the means of detection far from difficult. The mode of self-destruction which has been adopted—the nature of the injuries which they have inflicted upon themselves—the absence of insanity, and of the usual motives to suicide, will generally be sufficient to prove that the attempt has been made, not with the view of getting rid of a burdensome life, but of prolonging a guilty one, or for some criminal object. It is proper, however, for the medical jurist to be aware, that unsuccessful attempts at suicide have sometimes produced so salutary an effect upon the mind, that the disease which had led to the attempt has been thereby speedily cured.

It not unfrequently happens, that the body of a person who has been murdered, is so disposed as to suggest the belief that he has committed suicide. The examination of the body—the cause of death—the number, situation, and nature of the wounds, if these be of such a kind as it was impossible for a person to have inflicted upon himself—the moral character of the deceased,—and the evidence as to his state of mind, with the absence of the usual motives for self-murder, will, in the majority of instances, point out the real nature of the case. This subject, however, would require more ample details to elucidate its medico-legal bearings, than the object of the present work will admit of.

The validity of deeds executed by patients affected with monomania, forms a question of very great difficulty in many cases. These deeds are not unfrequently executed in accordance with the causeless hatred such patients entertain against those who are connected to them by the nearest ties of blood and affinity. In disputed cases, of course, the deed is contrary to the usual law of succession, but this of itself is not to be held as evidence of insanity, unless it be very unjust, and altogether contrary to the feelings which actuate the majority of mankind in the disposal of their property after death. If it be proved that the person who has deprived a near relation of his rights of succession, had laboured under partial insanity—that he had entertained some causeless dislike against that individual, and if the will itself contains evidence of that enmity—if he has executed the deed while he was labouring under delusions out of which he could not be reasoned —if these delusions form the ground-work of its provisions, the proof of insanity seems complete. Unjust deeds of this kind are very common, which it might be desirable to set aside, and to substitute the law of succession for the motives arising out of the vindictive feelings of those who have been desirous that their earthly passions should survive their earthly life,—yet this cannot be done; it would lead to evils far greater than those it would remedy: before we are justified in giving evidence to the setting aside of a testamentary deed, we must be satisfied that it has been dictated by the delusion under which the testator was known to labour. The civil law, I believe, set aside testamentary deeds which were dictated by the passions, equally with those which were executed under the influence of insanity; this, however, is not the practice of modern times; and however proper it may be in the abstract, in practice it would be certain to lead to the greatest injus-

tice. In those cases in which the will has been written by the person's own hand, or to his dictation, there will be the less difficulty, as it is almost certain to contain some evidence of the delusion which has dictated its terms; but it may happen that the provisions are the result of insanity, and that the deed has been drawn up by a professional man in the usual manner, when, of course, we shall not have the benefit of the evidence which it would most certainly have afforded if it had been his own composition, —the case becomes much more difficult, and our opinion will be formed upon the evidence of intellectual aberration which we may elsewhere obtain, and the relation between that aberration and the provisions of the deed. The medical jurist has to remember, that causeless partialities are sometimes as decided proof of unsoundness of mind as unnatural dislikes; and the bestowal of his property upon an individual may furnish as good evidence of the insanity of the testator, as the unjust withholding of it from the person to whom it ought to have descended.

An interesting case is detailed at great length in the first collection of the "Causes Celebres:"—A man of the name of Dumoret made a will, leaving his property to an hospital. The heir-at-law took legal steps to set it aside, on the ground that the testator was of unsound mind. In this case the deed had been written by a notary, and it contained no evidence of the delusion under which this person laboured, such as it would most certainly have done had it been written or dictated by himself. The delusion under which this gentleman laboured (by no means an uncommon one,) was, that he belonged to the female sex. He lived and died in this belief, for his body after death was found dressed in female attire, with necklaces, earrings, &c. It is a curious fact, that this gentleman, who was in other respects of sound mind, was in the habit of

tearing the skin from his chin with pincers, or of rubbing it off with pumice stone, to get quit of the evidence of his real sex in the existence of a strong beard. When his chin was raw and bloody after this operation, he would cover it with his handkerchief, and excuse the concealment of his face in this manner by saying he had tooth-ache. He would stuff out his chest to imitate the appearance of the female breast, and he adopted other extraordinary means with regard to his person, to aid the delusion under which he laboured as to his sex, or to quiet the doubts which may have been raised occasionally in his own mind as to the correctness of his belief. He invariably got into a passion when addressed by his male name, (he called himself Mademoiselle Rosette,) or when any other except a female dress was offered to him to put on. The will was decided to be bad.*

The unaccountable and causeless dislikes which persons entertain towards some member of their family, resembling those instinctive impulses of which I have already spoken, may lead to the grossest injustice. They never regard them as their own offspring—they not only withhold their affections from them during life, treat them in the most cruel manner, and, as far as they have it in their power, deprive them of the succession to which they are entitled. This dislike sometimes arises out of the delusion which they entertain, that the child has been changed at nurse, or from some reason equally frivolous and untenable. It is curious enough that there are many instances in which both parents have entertained the same causeless enmity against some member of their family. Such conduct seems to be the result of insanity; it is a delusion out of which, at all events, they cannot be reasoned, and which

* Causes Celebres et Interessantes, Tom. 20, Edit. Amst. 1770.

they cannot justify; and yet it would be very difficult to convince a jury that a person who had not only maltreated his own offspring during life, but had perpetuated his hatred by an unjust will, was of unsound mind, unless intellectual aberration could be proved to have existed: and yet I believe such a person may really be of unsound mind, and the greatest injustice may have been committed.

In the following case this unnatural dislike was united to intellectual disease:—Ely Stott died rich, leaving a widow (his third wife) and an only child, a daughter, who was by the first marriage, and it appeared that from her earliest infancy he had entertained a strong aversion for her, declaring that she was invested by nature with a singular depravity, was the victim of vice and evil, &c.; and he continued in this opinion, and made similar assertions as she advanced in years, and even until his own death, which happened in 1821. He left her by his will £100 per annum, which will she endeavoured to set aside on account of partial insanity. In addition to the circumstances already noticed as to the delusion of Mr. Stott against his daughter, it was proved that even in early age the burden of his conversation was her depravity and profligacy, and this went on from year to year progressively increasing. His treatment of her was harsh to an extreme; he burst into rage whenever she appeared, and could not bear the sight of her. She never sat down to table with him, and was compelled to do the most menial work, and was denied every thing except the most common articles of dress. He stripped her naked, and then flogged her, and then rubbed her back with brine; and even when a woman grown, of 17 up to 21, would knock her down, and strike her with a whip. It appeared in evidence, that he required her to write down her thoughts for his inspection. There

were other circumstances besides this delusion in reference to his daughter, which proved that Mr. Stott was not of sound mind: such as his blasphemy when reading the Bible, and his extraordinary prayers. He was a medical electrician, and conceived himself endowed with supernatural powers in the use of his apparatus. He had also imbibed an idea of the possibility of delivering pregnant women by means of this agent, and actually proposed to a neighbouring baker to try the experiment on his wife. The will, in this instance, was decided to be void.*

A case is reported by Esquirol in which the validity of a will and three relative codicils was disputed on account of the partial insanity of the testator; the proof of which was derived from his causeless enmities and partialities, and the changes of his affections for particular individuals, as instanced in the three codicils which he added to his will at different times. His chief delusion was that his relations and acquaintances had entered into a conspiracy against him, and under the influence of this false conviction he wrote his will and the codicils, and ultimately committed suicide. This gentleman was forty years of age, in easy circumstances, and generally esteemed. His parents, during their life-time, made a division of their property between him and his brothers and sisters; he was dissatisfied with his share, and eagerly accepted the proposal of one of his brothers to exchange with him, though he continued to complain bitterly of the division which had been made, and of the injustice of his parents. From that time he became gloomy and restless, suspicious of his nearest relations, and, indeed, of every one with whom he came even casually in contact. He believed

* Quoted by Beck from Adams' Reports.

that his brothers, and brothers-in-law, and an uncle had entered into a conspiracy against him, and that they had engaged his acquaintances and servants in the plot. He believed himself to be surrounded by assassins—that his life was constantly in danger—and he always went out armed. He received an anonymous letter, which he attributed to one of his relations, and which had the effect of increasing his unhappy ideas. He became altogether sleepless, and exceedingly restless. His constant dread of approaching death determined him to make his will, which began in these terms:—"I, the undersigned, under the fear of death, from the intrigues and conspiracies of all kinds hatched by my brothers, particularly by the two at Paris, aided by the hypocritical wife of the one who is married, and doubtless also by their base and infamous accomplice the notary B., with the aid of the vile porter of the house where I live, of several of my servants whom they have gained, including the one who is with me now, though he has only been with me for a short time, and other accomplices, in causing them to act as spies upon me, intercepting my letters, and causing them to be intercepted, hereby make my will," &c. The will was made in the spirit of these delusions, and its favourable provisions were equally without cause. Three codicils were added, of separate dates, by which he revoked legacies which he had left to individuals whom he had discovered to be accomplices in the plots and conspiracies which his relations had entered into to destroy him. This gentleman committed suicide six days after the date of the last codicil which he had appended to his will. A letter was found in his hand writing, near the body, in which he repeated his belief in the conspiracies into which his relations and others had entered to destroy him, and expressed his resolution to commit suicide to escape from his exas-

perated enemies.* The opinion of Esquirol was that this man was not of sound mind at the time he wrote the will and annexed codicils, and the will was set aside. Of the correctness of this judgment not a doubt can be entertained. The proof of insanity is complete in this case, independently of the concluding act of suicide; for deeds are not necessarily to be considered as invalid though they should be followed at a very short interval by the suicide of the person by whom they were executed. The deed itself should contain the evidence of insanity; it certainly cannot be inferred that the person was of unsound mind at the time it was executed, from the fact that he was insane afterwards, even if we admit suicide as proof of intellectual aberration. In every case in which the act itself contains evidence of insanity, in which it seems clearly to have been dictated by the delusions under which the individual has laboured, there can be no reason to doubt it being invalid, of whatever kind it may be; but though a deed be manifestly unjust, and though the person may have entertained extraordinary opinions upon some subject or another, I do not know upon what principle it can be set aside, unless it betray the influence of these extraordinary opinions in its details and principles. At the same time it is obvious that by acting upon this principle manifest injustice may be done. The delusion may enter into the act though we may be incapable of detecting it. It is a well known fact that eccentric men make very extraordinary settlements; but upon no principle can these be held to be invalid; they are just such as was to have been expected from them, whereas the deeds of a man who has become the subject of insanity are different from what they would once have been, if they are such as fairly warrant us in

* Annales d' Hygiene Publique, Tom. 5.

giving evidence of our belief that they have been dictated by mental aberration. In any case in which we may be consulted as to the capacity of a person afflicted with this form of insanity—making a will that would prove valid if disputed—our duty is to disuade from the execution of such a deed in every case in which we have the slightest doubt as to the perfect soundness of mind of the testator, and we should be satisfied with slighter evidence of this state, if we have reason to believe that the provisions of it would be unjust; and we can have no hesitation in declaring a man incompetent to make a valid disposition of his property, if we have reason to know that it would be dictated by causeless dislikes and partialities.

But the subject of greatest interest to the medical jurist is the plea of immunity for crimes on account of monomania. It is not easy to convince a common observer that a man who enjoys the sound exercise of reason upon all subjects except one, should not be considered accountable for any act he may perform, and be liable to punishment if it should be criminal; and it is still more difficult to convince one unacquainted with the subject, that a man who presents no appearance of intellectual aberration should yet be impelled to the commission of deeds which are not only criminal, but revolting to humanity, and which he himself laments when the anguish has been quieted by the fulfilment of the desire. The subject is one of very great difficulty, and it is not to be concealed that the existence of such a disease as the instinctive monomania, has been altogether denied. It has been called by a celebrated counsel a modern resource, which would be extremely convenient to snatch a criminal from the just severity of the laws, or to deprive a citizen of his liberty, and would soon convert our lunatic asylums into prisons.

If it be difficult to comprehend the state of mind to

which I have referred, and I acknowledge that it is so, it is equally difficult to conceive that murder, for example, should be committed without the usual incentives to crime, or the impulse of ungovernable passions. A criminal act is one which has been premeditated; precautions have been adopted to ensure its performance, and escape detection; it is explicable upon the usual criminal motives; in homicidal madness the act of murder is so far premeditated that it has been thought of; it has agitated the mind of the individual; he is conscious of his desire to commit this act; the desire, in fact, has overpowered his capability of resistance, but he has adopted no means to avoid detection, and he has no interest in the commission of the murder. In no case in which a criminal motive can be discovered, perhaps, would the medical jurist be justified in giving an opinion that the person was irresponsible. It is well known that crimes are not unfrequently committed under the influence of ungovernable passions, without premeditation, where the usual motives certainly do not exist; and it may be said that in those cases also, as the individual was unable to restrain his passions, he had equally lost the control of his actions, and that these, though criminal, should not be followed by punishment, and that if these are to be punished, homicidal madness should not infer irresponsibility. So far there is some truth in this; yet there will most probably be this difference, that the crime which is the result of ungovernable passions will be attempted to be concealed by precautions adopted after the act has been committed. This will not, in the majority of instances, be found to be the case in homicidal monomania; and there is this important distinction between the cases, that our passions are capable of being controlled: they may not have been so in some particular instance, yet this is not the universal fact: if it were so, the passions would infer irrespon-

sibility as justly as insanity itself; and, besides, some difference is acknowledged between crimes which have resulted from passions which have been provoked, and those which are the consequence of criminal motives, in the milder punishment which is inflicted. The very loss of the control over our actions, which insanity infers, is that which renders the acts which are committed during its continuance undeserving of punishment. There are passions, however, which, when long indulged, or when intense in themselves, sometimes lead to monomania, and that again to acts of violence, or murder; and this may have ensued in those instances in which a man may have endeavoured to control those violent emotions, and even, perhaps, in some measure in consequence of the attempts he has made to subdue them, and bring them under submission to his reason. In these cases it is certainly difficult to decide whether the crime was the result of the passion, or of the insanity to which that passion had given origin. Jealousy is a familiar example of what I mean, and I have already illustrated the point by a highly interesting case. But independently of this, criminal acts may certainly be performed under the immediate influence of a violent passion, for which the individual may justly be considered irresponsible. Something will depend upon the quality of the passion, as well as upon its provocation. The effects of intense fear upon the mind is very extraordinary, and while under its power all intellectual control over the actions of a person might be so completely lost that he could not restrain himself from the commission of the act which seemed to be likely to relieve him from the ecstacy of dread which he is suffering.

But there is a mixed state of the faculties of the mind in some cases where the passions and insanity are in some measure combined. This condition has been called by

Platner, *iracundia morbosa*. According to Henke, those who present this species of incomplete or mixed insanity, are distinguished from those in health by the facility with which their anger, for example, is changed, without the slightest reason, into absolute and uncontrollable fury. They are distinguished from maniacs by the short duration of those fits of fury, to which reason and the complete exercise of the intellectual faculties succeed. This singular disposition to paroxysms of fury is for the most part connected with physical disease, which exercises a direct or remote influence upon the brain and nervous system. Such cases are full of difficulty to the medical jurist, when a question arises as to the responsibility of patients who present this peculiarity.

The question of the existence of homicidal madness comes ultimately to be decided by facts. If there be such a disease, the patient who has the misfortune to be afflicted by it is irresponsible for any act he may perform under its influence. Unsoundness of mind is a perfectly valid exculpatory plea; the form of that mental alienation does not affect this in any degree, provided it be complete, and to such an extent as deprived the patient of the control over his actions. The standard which has been set up, by which the responsibility of an individual for his actions, is to be measured by his knowledge, confessed or presumed, of the moral quality of the act he has committed, is by no means a proper one. It is not enough that he acknowledges, or is believed to have been in such a state of mind as that he must have known that his actions are criminal, to render him a responsible agent. Insane patients commit acts which they know to be wrong in the abstract—which they acknowledge to be criminal in the instance in question. The crime has been committed, perhaps, to revenge some fancied injury, and they are will-

ing to abide its consequences; and in those instances in which murder has been perpetrated to ensure the punishment of death to themselves, the act has been performed from the very fact of their belief in its criminality; its criminal character has been the motive for its commission. A case is related by Falret of a man, who, in the excess of his jealousy, fancied he had detected his wife in the fact, permitted her to fall asleep, and then murdered her. Next day he surrendered himself to a magistrate. Though he maintained that he was in the possession of reason when he murdered his wife, because she deserved it, and that if it was to be done over again, he would still do it, the medical men who examined him believed that he was insane. He was confined in a lunatic asylum, where, by some means, he obtained possession of a pistol, and destroyed himself. He left a letter, in which he said, that he had not destroyed himself, after having murdered his wife, because he preferred receiving his death from the hands of the executioner, but since it was not thought proper to inflict so just a punishment on him, it became his own duty to pay the debt which he owed to society. And in those cases of instinctive homicidal madness, it is not to be presumed that any doubt can exist in the mind of the patient, that the act he has committed is criminal; indeed, he entertains no idea of the irresponsibility which his disease so clearly infers, and still the act, from all its attendant circumstances, is far more reasonably to be accounted for upon the supposition of disease, than of an undiscoverable criminal motive, unknown to every one, even to the criminal himself. It is fortunate that those unnatural impulses which lead to the commission of crimes, are by no means of frequent occurrence; it is not a common form of unsoundness of mind; yet it is proper that when a patient has the misfortune to labour under this disease, that he

should not be punished for acts which he could not have controlled; and it is equally important that the interests of society should be protected from the loose application of this disease as an apology for acts which are really criminal; and it ought not to be admitted except upon the clearest proof, derived, in the majority of instances, from the absence of precaution in the mode of committing it, and of the usual criminal motives, conjoined with the positive proof of the existence of the disease. But while the interests of society require protection, those of the insane patient should be equally the objects of our solicitude, and it has unfortunately more frequently happened that the insane have been punished than that real criminals have escaped; the former mistake is far more to be deplored than the latter.

The question, then, for the medical jurist to decide is, Are there such cases as I have already described, in which, either in consequence of some hallucination, a mistake is committed as to the person or character of an individual—from some delusion which is entertained, from exaltation of the passions, murder is perpetrated, though the person is not incapable of reasoning correctly upon a variety of subjects; and are there cases in which no trace of partial insanity can be detected—in which there is no hallucination, no delusion, no fixed idea, but in which the person is impelled by an irresistible impulse to shed blood, which he is altogether incapable of resisting by the exercise of a depraved or weakened volition?—in which no motive for crime exists?—in which no act ulterior to the murder is performed, not even, perhaps, an attempt made to conceal it, or the individual's participation in it, and in which none of the usual incentives to crime can be detected? If there are such cases, it seems obvious that they must be ascribed to disease, however little that may be in accordance with

common experience, or preconceived opinions upon the subject of unsoundness of mind. It appears to me, that the cases which I have already adduced upon the authority of so many observers, decide this question in the affirmative; and I shall endeavour to establish the fact still more incontestably by the details of several cases which have come before courts of law, in which this disease has been set up as a defence. I cannot resist the evidence which such cases furnish; they are far more unlike crime than insanity.

It is no valid argument to assert, in proof of the non-existence of this disease, that there have been men who have rendered themselves infamous by their ferocity and thirst for blood. It is no proof, for example, that Papavoine was not insane, because Nero or Robespiere were monsters in human shape; and while I should not hesitate to admit this disease as a valid plea in exculpation, I should be most careful in acquainting myself with the state of mind of the patient—with his conduct previous to, at the time of, and subsequent to the act. All men are liable to peculiar impulses, of which they cannot give any very good account. They are not in association with the ideas which may have occupied the mind at the very time they were formed: they are excited by the imagination, and converted into momentary desires. How many vague and undefined desires occupy our thoughts, absurd, impossible, and even improper, which are lost sight of as unattainable,—those longings to be placed in situations of pain, of difficulty, and danger, are among the curious phenomena of the operation of the will. Now, it is quite obvious, that it is only in those cases in which there is no delusive ideas, that any difficulty can be felt. It is in those cases only in which the inclination, the desires, the volition are depraved, that any difficulty can possibly

exist: when there is an acknowledged motive for the crime in the mental aberration, limited though it be, or in the exalted imagination or passions of an insane patient, the difficulty is at an end; and the more absurd the delusion, and the more inadequate the motive assigned, the greater reason is there to believe that the criminal act is the consequence of insanity. But that the affective faculties only may be unsound, seems obvious from the facts related, and will be more clearly proved from those which I am shortly to adduce. There is nothing inconsistent with our knowledge of the intellectual nature of man, to prevent us from believing that our moral sense may be diseased independent of intellectual aberration. The will is a part of our intellectual constitution, and it seems as reasonable, *a priori*, to believe that it should be weakened or depraved, as that our reason should be impaired or alienated. No man could have forseen, without the facts which prove it, that man could become insane at all—that having once enjoyed the blessings of a sound mind, he should be deprived even of the semblance of his former intellectual nature, or that he should form erroneous judgments upon the plainest subjects, any more than he could have discovered that the volition should become more obstinate as he advances in years, or that after this extreme obstinacy, in advanced old age, it should become so weakened that he has no preferences—that he desires nothing and repudiates nothing, but permits himself to be guided by any one who chooses to direct his actions. This depravation, therefore, of the will, may as fairly infer the irresponsibility of the patient, as intellectual disease or deficiency. It is not certainly so easy to prove the existence of the one as the other: mental aberration proves itself; depraved volition, if it should lead to crime, may be so like crime as to be almost incapable of being

distinguished from it. But I have never been able to see wherefore we should be more scrupulous in admitting the psychological fact of a depraved volition, than we are in admitting the psychological one of a vitiated appetite. No one, by reference to his own tastes, can understand wherefore a man should take delight in revolting articles of food, any more than by reference to the same standard he can comprehend why a man should feel pleasure in what is, by the majority, condemned as criminal. But when we consider farther, that those persons who have given indications of this disease of the will, have, in a majority of instances, either been insane previous to its manifestation, or have become so subsequently, or in whose brains after their death, but more especially after their almost immediate execution, distinct traces of organic disease have been found, we have so many additional reasons for considering their actions beyond their control. They have presented symptoms of physical disease, or the impulse has been connected with that state of the sexual organs which influences the nervous system in an extraordinary manner, and in a multitude of ways.

But it has been already shown, that diseased volition for the most part accompanies intellectual aberration. In many cases of insanity the change of the moral character of the patient is even more obvious than that the of intellectual. In other cases, the change in the intellectual character is greater than in the moral, or the reason is alone affected ; and though it is certainly true that errors of judgment most frequently induce unusual desires and propensities, still these unusual desires and propensities may be the only discoverable indication of unsoundness of mind. I have just said that these criminal propensities are frequently connected with physical disease. Gall mentions a case in which a patient exhibited an irresistible propensity

to theft after having undergone the operation of trepan for an injury of the head.

I shall endeavour still further to illustrate the subject of homicidal monomania, by the selection of some cases which have been brought to trial, in which that disease has been set up as a defence. I make no apology for introducing cases which are already well known, because in several of those which I select, the verdict has been, as I think, erroneous; and I shall not be particular as to the order of their selection. The first case which I shall notice is that of Louis Auguste Papavoine who was tried at Paris in 1825, for murder. This man was forty-one years of age. He had served as a clerk in a public office with credit to himself, but he had been uniformly noted for his unsociable and taciturn character. He was gloomy and melancholy, and was most frequently seen walking alone in solitary places. In 1823, he learned that the affairs of his father, who was a cloth manufacturer, had become involved; his character became more gloomy and irritable, and at this time he suffered an attack of mental alienation which continued for ten days. Whatever Papavoine may have been at the time he committed the crime of murder, there is no reason to doubt that he had once been insane. Some time after this his father died, and he resigned the situation which he held at Brest, and went to reside with his mother, to assist her in the management of her affairs. In 1824 fresh misfortunes overtook them, the manufacture which he and his mother carried on could not be continued, and he sought to be reinstated in his old situation, but without success. His melancholy increased, he became sleepless and highly irritable, and entertained distinct hallucinations. In particular, he maintained that his brother was not dead, upon no better reason, than that people were sometimes buried alive. On the 2d of Octo-

ber he was advised to spend a few days with one of his relations, for the purpose of amusing him. This friend was requested by his mother to watch him, to observe his eyes, and mark his conversation, but not to permit him to know that she had made any communication concerning him. Papavoine seemed to this friend to be much changed from what he had formerly been, both morally and physically. While walking together in the garden he cried out all at once, What! not one moment of peace! I sometimes believe that I am mad. A piece of paper fell into his hands upon which he observed the letters O. N. What is the meaning of that? said he to his host. Why, I know not, he replied, Nothing. It means, said Papasoine, *On Noye ici.* Upon another occasion he expressed doubts as to the death of his brother and uncle, and when furnished with incontestible proof of the death of both, by being reminded that he himself possessed on extract of the burial of his brother, and his friend informing him that he had seen his uncle expire by his side, at table, from a stroke of apoplexy; he replied, there are so many kinds of death, and people are sometimes buried while alive. On the 6th of October he left Beauvais for Paris, upon urgent business. On the 7th he visited a banker, whose approval he required to some engagements between himself and the government, which were very disadvantageous to his interests. On the 8th and 9th he took some solitary walks, and on Sunday the 10th, he went to the wood of Vincennes, where he observed a lady walking with two children. He went back to the village and bought a knife, and immediately returned to where the lady and the children were. His face was pale, and his voice agitated. Your walk has been soon over, said he to the lady, and stooping down as if to caress one of the children, he plunged the knife into its heart; while the mother was

attending to the unfortunate victim, Papavoine plunged the knife into the heart of the other, and fled and concealed himself in the coppice. He immediately hid the knife with which he had committed the murders, in the earth. Soon afterwards he met a soldier, who gave the following narrative of their encounter, "I was accosted by the prisoner; he inquired the way out of the wood: we walked together. He frequently looked suspiciously around him, and asked if there were not spots upon his clothes, he also looked at his hands and arms, and asked if they were not marked with something. He walked quick; was pale, and out of breath. We took shelter from the rain under a tree, where a gendarme came and arrested him, saying that two children had just been assassinated. You lose time in arresting me, said Papavoine, and you give time to the criminal to escape." He was conveyed to Vincennes. On the way he said it was an abominable thing to have murdered children, that if one had cause of quarrel against a grown up person that he might be called out, but that to murder children, the motives must be very strong indeed. When brought before a magistrate at Vincennes, and confronted with the mother of the children, and with the person who had sold him the knife, and when identified by them and another witness, he coolly denied his guilt; and he was perfectly unaffected when he was shown the bodies of the children.

From the 10th of October to the 15th of November he continued to deny his guilt, and defended himself with considerable talent, in the examinations to which he was subjected, combating and attempting to explain all the circumstances which were brought forward against him, quoting the examples of celebrated cases, where one man had been mistaken for another. He then confessed that he was guilty of the double murder, but that he had com-

mitted a mistake as to their identity, and that it was his intention to have murdered the children of the duchess of Berri; which assertion was found to be destitute of all probability and truth. It is proved beyond question that Papavoine had never seen these children before, that he was ignorant of their very existence, and had no connection with any one of their relations; that he had no motive whatever for the murder of these unoffending children that has ever been discovered. Indeed he said at a subsequent period himself, I cannot conceive any motive, my head was extremely confused, the blood rushed to my brain; I was so agitated that I can give no account of what happened. When examined as to the remark which he made to the gendarme who arrested him, he said, I denied the act, because I wished to persuade myself that I had not committed the deed, so much was I astonished at it myself. During his imprisonment previous to trial, he attacked a fellow-prisoner, and had nearly succeeded in murdering him. It was suggested that this was an artifice on his part, to make it appear that he was subject to these paroxysms of fury, and that this was merely a renewal of the disease which had led to the murder of the children in the wood of Vincennes. He had also endeavoured to set fire to his bed, and attempted to obtain possession of a knife, with the view of committing suicide. The keeper of the prison stated, that upon the occasion of his attack upon his fellow-prisoner, Papavoine confessed to him that he had no enmity against him, but afterwards said that he had attacked him because he belonged to the Orleans faction. He further stated that he was sometimes in a deplorable situation. He had moments of fury: he did not say much, but his hair absolutely stood on end, his face became red, and he even frightened the soldiers on guard.

Papavoine was perfectly sane at times, perfectly sane upon the trial, but that by no means proves that he was sane at the time he committed the murder; and indeed the whole facts of the case lead us to form the very contrary opinion, or at least to believe that he was subject to periodical paroxysms of fury, during which his actions were not under the control of his reason. He had a hereditary predisposition to insanity; he had been insane two years before. There were moral causes operating upon the mind of this man, who had at all times presented something peculiar in his character, sufficient, if not to renew his former malady, at all events to agitate him in no common degree. He went without premeditating the commission of murder to walk in the wood, he had no interest in the death of the children when the act was accomplished. It is impossible to deny that there was a certain period during which the murder had been premeditated, the period between the time that he first saw the children, when he returned to the village to purchase the knife, and the time when he murdered them. But it is by no means certain that his object in purchasing the knife was to commit the murder, and not to set free the prisoners confined in the castle of Vincennes, according to a statement which he made himself. Indeed it is impossible to speculate correctly upon the motives of insane men, or the unaccountable manner in which their impulses are changed. The concealment which he attempted after the murder does not impugn the supposition of his being of unsound mind. The commission of the act would have the effect of calming, in some degree, the fury which impelled him to it. He was not incapable of reasoning; he seems to have been perfectly conscious of his situation, and he adopted certain precautions to escape the penalty of his crime, by running off and concealing himself; by endeavouring to ascertain,

through the senses of another, whether his clothes were marked with blood, evidently because he could not trust his own. But if he had reasoned correctly, if his impulses had been under the control of his reason, he would have known that escape was altogether hopeless. The attack upon his fellow-prisoner might have been artifice, but it might just as probably have been a renewal of his disease. He had no motive for the murder: he had no interest in the death of the children; he had no criminal purpose to indulge by murdering them. This man was condemned and executed. Before his execution he repeated that he had no accomplice, that his actions were incomprehensible even to himself.

The change which took place almost immediately after the murder was very sudden, no doubt, upon the supposition that he was insane at the time he committed it; and that can only be accounted for by the effect of the act itself upon his mind. One circumstance which particularly struck M. Esquirol in reference to the case of Papavoine, and which led him to doubt of his insanity was, that he affected to be completely ignorant of the insane motive which had induced him to commit the murder, and that he was quite ignorant of what was passing in his mind whilst he was perpetrating the crime. This is certainly not the usual fact. Such patients know what they do, and the motives which have impelled them to perform particular acts. It may seem presumptuous in me to give an opinion in this case at all, and particularly so, in opposition to that of Esquirol, but Georget has observed, that if, as a physician, he might have had doubts as to the insanity of Papavoine, yet, as a juryman, he would have voted for his acquittal. It is impossible not to have doubts in such a case. When we see a man in the perfect enjoyment of his reason a few minutes before and after the commission of an act, we

must always have misgivings as to his insanity in the brief interval which has elapsed, yet we escape from one difficulty to run into another, and are under the necessity of attempting to account for an act upon criminal motives where none can be discovered. The act, with all its attendant circumstances, seems to me to have a nearer alliance to insanity than to crime, and it is impossible not to regret that the life of this man should have been sacrificed.* Besides, this ignorance of his actions and their motives might have been assumed as a means of defence, even though he was insane at the time. Had this man been as well acquainted with the phenomena of insanity as Esquirol, the probability is, that he would have acknowledged the true motive, of which he may have been all along conscious, but afraid to own it.

Esquirol has related a case which, in many respects, appears to me similar to that of Papavoine, and in which the delay that took place in consequence of the doubts which were entertained as to the sanity of the individual, completely developed the disease under which he laboured. The case to which I have referred is not in every respect similar to that of Papavoine, yet it bears some interesting points of resemblance to it. Baptiste D. was predisposed to insanity, having a maternal uncle who was deranged. He was rather of weak parts, but he had profited by the education which he had received, and he had been industriously occupied as a vine grower. He had been married for some years, and lived happily with his wife, against whom he had no just ground of complaint. In 1826, upon the occasion of a holiday, D. was the subject of some pleasantry to his companions. Irritated by their remarks, and, perhaps, excited by the wine he had drank, he drew his sword against

* Causes Criminelles Celebres. Proces de Papavoine.

a man, and a violent quarrel ensued. From that time D. appeared care-worn. About the end of the month of December of the same year, he awoke suddenly one night, complaining of being very unwell. A medical man was called, who found the patient suffering from some gastric irritation, accompanied with delirium. He entertained suspicion against his medical attendant as being in league with his wife and father to destroy him. From the period of this attack, his character and manner were completely changed; he became gloomy, distrustful, irritable, and passionate. He abandoned his religious duties, and gave up the labours of his fields, and he addicted himself to intoxicating liquors. He began to suspect the fidelity of his wife; he lived alone; shunned the society of his former acquaintances, and seldom left his home, and expressed fears of some attempt being made upon his life. Haunted by this imaginary fear, he spoke upon all occasions of his secret enemies, and of the plots which were hatching against him. He was persuaded that a person of the name of Robert, whom he constantly referred to in conversation, while in a rage, in his letters and deposition, was the originator of the plots which were directed against him. His father, mother, and wife were all occasionally included among his enemies. Upon every other subject this man seemed to be in the enjoyment of a sound mind. During one of the paroxysms of his malady, his fears and disquietude became so much aggravated, that he made an attempt to destroy himself by swallowing sulphuric acid. This attempt at suicide took place in the spring of 1827.

Such was the condition of this man from the end of the year 1826. He had exhibited intervals of mental agitation and calm, of insanity and sound mind. He had distinct delusions, though they were not permanent, and their char-

acter seemed to change. He had been insane, and he had made an attempt at suicide. On the evening of the 3d of May, 1828, he passed the evening quietly with a third person and his wife, till nine o'clock, without presenting any mark of unusual agitation, or of the perturbation of mind of one about to commit the fearful crime of murder. The next morning his wife was found dead in bed. A cloth was spread over the body, and a crucifix placed upon it. The husband had disappeared, a horse belonging to his father was a-missing, and the clothes which he had worn on the preceding day were found hid in a cellar covered over with blood. The poor woman was pregnant. In the course of nine days this man was arrested, and from himself and other witnesses the following facts were elicited. After having murdered his wife with a hammer, she being asleep at the time he attacked her, he sought for a table cloth, spread it over the body, placed a crucifix upon it, washed his hands, changed his clothes, which were marked with blood, threw them into the cellar, provided himself with money, took a horse belonging to his father, locked the door, hid the key, and fled across the country, avoiding the public roads. He reached an inn where he ate heartily, and drank two bottles of wine. He left behind, at this place, articles which were certain to afford traces of his steps. He managed to conceal himself for nine days; he was arrested on the 12th of May. Upon his person letters were found which he had written in the interval. Two of these letters were addressed to the king: in them his enemies were denounced, at the same time he begged his majesty would do them no harm; others were addressed to two relations, to whom he confessed the murder of his wife, and requested them to procure passports under an assumed name, to enable him to reach some other country. In his examination he detailed all the particulars

of the murder, the precautions he had adopted to escape, and he gave various statements as to the motives which led him to murder his wife. Sometimes he said he was drunk, sometimes that he was in a passion, sometimes that his wife had refused him money, and sometimes that he was irritated on account of the bad advice she had received, though in other respects she had behaved perfectly correctly, but he laid the chief blame upon his enemies, particularly Robert, as having pushed him on to the commission of murder for the purpose of ruining him.

In consequence of the doubts which were entertained as to the state of this man's mind, he was sent to Paris and placed in the Bicetre, to permit an opportunity of observing him. During the first weeks of his residence he took no exercise, spoke little, and seemed to be in a state approaching to stupor, wept often and long, particularly when questioned upon the particulars of the murder, and the motives which had induced him to destroy his own wife, of which indeed he spoke as of a thing with which he had no concern, and as if another person had been guilty of it. In no other respect did this man appear to be of unsound mind. After several months' residence in the hospital, D. became more communicative, he conversed more freely with the patients, he wept more rarely when questioned as to his own situation, and it seemed pretty evident that he was aware of the position in which he stood. He began to occupy himself with labour. On the 4th of July, 1829, an obvious change was remarked in this man; he seemed restless and agitated. It appeared that he had illusions with regard to the sense of hearing, for he complained that in passing him, the inmates of the hospital said things which were offensive to him. He exhibited marks of displeasure against patients with whom he had casual intercourse, but no quarrels. On the

10th he requested to be confined, and said that he did not wish to injure any one. On the 18th, he went to bed without any particular marks of greater agitation than on the previous days; during the night he rose from bed, went out of the apartment where he slept with other patients, got hold of a stick with which he attacked a patient who lay in the bed next to his own; the companion of the one whom he had attacked was awoke by the noise, and called for assistance. D. struck him a blow with his stick to make him get under the bed-clothes, and renewed his attack upon the patient whom he had first assaulted, and succeeded in murdering him. The servants of the hospital hastened to the place, laid hold of D., who allowed himself to be placed under restraint without resistance, wept, repented, accused others as if they, and not he, had been guilty of the murder; as if they had compelled him to do the deed. He said he heard voices which told him to avenge himself, for they wished to kill him. He acknowledged that his restraint was necessary, for his intention was to have done as much to two or three others. After this new murder, D. appeared calm, slept quietly, eat well, and appeared resigned to the restraint under which he had been placed. He seemed, however, to have some fear of the legal consequences of this new murder.

There can be no doubt of this man's insanity. He was insane at the time he murdered his wife, and equally so upon the occasion of the second murder, though a long period had intervened, during which he did not seem to be suffering, or but slightly, from intellectual aberration; and at all events, a very evident amendment had taken place; yet, upon some aggravation of the condition to which he was liable, of the approach of which he himself seemed conscious, he committed a causeless murder upon a helpless insane patient, confined in the same hospital with him-

self. When he murdered his wife he took precautions to avoid detection, these were ineffectual no doubt, and they were far from being well contrived, but they were as much so as those of Papavoine. It is remarkable that a degree of calm succeeded to the act of murder in both instances, which it is evident did not exist previous to the deed, or in the moment of its commission.

If we compare the circumstances of this case with those attending that of Papavoine, we recognize many points of similarity. They were both predisposed to insanity. They both seem to have been subject to periodical accessions of homicidal fury, and both made efforts to escape the consequences of their crimes. Papavoine, it is true, denied that he was guilty for a considerable time after his apprehension; but that does not seem to me the most unfavourable point in his case, as it is clear that he was not feigning insanity, otherwise he might have known that to confess his guilt would have been considered evidence so far of disease; both gave contradictory accounts of their motives after they did confess the murder. I do not deny that there may have been circumstances in the case of Papavoine which were, and still continue, undiscovered, which would prove the existence of criminal motives, if they were known; it is impossible to say absolutely that he was of unsound mind, yet it is impossible to conceal that all the facts which were established by testimony upon his trial, all the elements by which an opinion can be formed in any such case, lead to the plain inference that he was of unsound mind, that he was not justly made liable for his criminal conduct, and it must be a subject of regret that his life was not spared, the interests of society being guarded by his strict confinement.

A case occurred not long ago in this country, which bears no small resemblance to that of the two which I have just

detailed. It resembles them in so far as that the murder seems to have been devoid of all motive, that it was perpetrated upon some almost instantaneous impulse, and that the person made an attempt to escape the consequences of the crime he had committed, though he never did confess his guilt, making upon this subject the uniform answer of "Nobody saw me do it." A few years ago an old woman, widow Geddes, was murdered in the village of King's Cramond, by a man of the name of Howieson. There was no doubt of the fact. But upon the trial of this man for the murder, insanity was pled in bar of punishment. Howieson was seen to enter the cottage of widow Geddes, and a few seconds thereafter was observed to leave the house hurriedly, and it was found that he had murdered the aged woman, by cleaving her head with the sharp edge of a spade, which he found in the house. The spade had entered obliquely above one eye, and sloped to below the other. A neighbour heard the blow, but he did not hear any altercation or quarrel, which he must have done, had any such taken place. Howieson was apprehended next morning, a few miles from Cramond, when he seemed perfectly composed, and denied all knowledge of the murder, or that he had been in Cramond on the previous day. This man was condemned and executed, although the facts regarding his case, which I am about to mention, were detailed in evidence, and though no motive whatever could be imagined for the commission of the murder. The Lord Justice Clerk, in summing up the evidence to the Jury, supposed that a motive might have existed in sudden resentment having arisen in the mind of Howieson, upon his being refused charity. Taking into consideration the fact of his enormous appetite, he presumed that he might have attempted to lay hold of some oaten cakes which were toasting before the fire, that a struggle had ensued between the

mendicant and the old woman, which he had terminated by murdering her. But such a motive, independent of its inadequacy, is discredited by facts which were stated in evidence upon the trial, by the daughter of the murdered woman, who had been absent only a few minutes from the house, upon an errand to the well near the cottage, and who stated that the cakes were untouched, not a single article had been removed, and by the minute but important fact, that she left her mother knitting a stocking, and that upon her return she found her lying dead, with the worsted thread unbroken, wound round her fingers, which is altogether inconsistent with the idea of a personal struggle having taken place between her and her murderer. The Jury, it seemed, were more disposed to believe in the existence of such an inadequate motive for murder than in the proof of insanity, which it appears to me was complete. Howieson was proved to have been a solitary, silent, moody, wandering creature, long before the date of the murder. His only friends in his lodgings were a cat and a child, both of which he was in the habit of feeding before he ate his own meals. He was highly superstitious, lived under the dread of supernatural enemies, and practised absurd ceremonies to protect himself against witches, such as throwing salt on his head and bed, wearing around his neck and attached to his wrist a Bible which he never read, pinning folded papers to his clothes, and attaching them to the crown of his head, without which, he said, he should have been dead. He had a fancy to become a Quaker, and attended the meetings of that society for several months, though he paid no attention to the devotion, but continued muttering to himself, smelling the Bible and pricking himself with pins and needles to the effusion of his blood. It was known that he had more than once gone early in the morning to the meeting-house, and was seen to kneel

down and invoke the Virgin Mary, while he wounded his hands and smeared the door with his blood. He was subject to illusions, for he was in the habit of brushing away flies, as he said, when there were none, and this he would continue to do for hours. He had struggles during the night with imaginary enemies, and was heard frequently to cry out, "hold off, hold off." He had a prodigious and depraved appetite. He usually eat half-a-peck of potatoes at a meal, with one or two pounds of bullock's liver, almost raw, and generally filthy, and he would not permit it to be cleaned. Immediately after such a meal he would drink a quantity of coffee, and consume two-pence or three-pence worth of bread. He was in the constant practice of wounding his hands and arms with needles and pins. The blood sometimes flowed copiously, dropping from his elbows, and in this state, with his arms besmeared, he has stalked out into the lane where he lodged in Edinburgh, brandishing a stick, and playing all manner of fantastic tricks, till the neighbours would interfere, and get the "daft creature," as they called him, taken care of. When asked why he ate his meat so raw, he said he liked the blood, and the meat with the suction in it. He was in the habit of sucking the blood from his own wrists, after every two or three mouthfuls of his food. Besides all this, it was distinctly proved that these peculiarities were not mere eccentric habits, and that a few years previously he had been in character, manners, and appearance like other men. For a fortnight previous to the murder, Howieson seems to have been wandering about the country. He was seen to enter the village of Cramond with a black handkerchief covering the lower part of his face. This was his custom, and was not used as a means of disguising his person. Indeed nothing was founded upon this circumstance, unfavourable to him; he had a stick

in his hand, and the Bible, as usual, hanging upon his wrist. He solicited alms from several of the inhabitants without success. He was apprehended next morning a few miles from Cramond, appeared quite composed, and denied all knowledge of the murder, or even that he had been at Cramond on the previous day. It is gratifying to be able to state that the prevailing opinion of the medical witnesses upon the trial of this man was, that he was of unsound mind. That opinion had not its due weight with the jury, and Howieson, notwithstanding the efforts which were made to obtain a commutation of his sentence from the crown, was executed. The night before his execution he confessed he had committed eight murders. If no such murders had taken place, or even if they had, this confession might in either case be considered as a proof of insanity. But eight murders could not have been perpetrated in this country by a single person within a short period without one of them being heard of. At parting with the deputy-governor of the jail, a person who had uniformly treated him with the utmost humanity, he told him that he felt a strong desire to murder him. He inveighed against his counsel for not resting his defence upon the defective evidence of his having committed the murder, instead of pleading his insanity, which he asserted to be utterly void of foundation. His appetite for food continued to be voracious to the last.*

I think no man can doubt that Howieson was not a fit subject for the last punishment of the law. The circumstances of the murder bore a far nearer resemblance to insanity than to crime. The presumed motive was altogether inadequate to account for murder, and it seems to me that there were no facts detailed in evidence suf-

* I am indebted for the facts of the case of Howieson to a paper in the Edinburgh Law Journal.

ficient to warrant that presumption, and that there were circumstances, to which I have already referred, which lead to a conclusion the very reverse. But even supposing the motive suggested by the Judge who summed up the evidence to the Jury to have been real, would it not rather contribute to strengthen the supposition that the man who would commit murder from such an inducement must have been insane. Howieson, like Papavoine, fled and denied his guilt. It would even seem as if this was a very common occurrence. A murder was committed some time ago in England by an insane patient, because his victim had refused him a little tobacco. He fled and concealed himself, and had even the cunning to disguise himself with soot and blacking. When apprehended, he denied all knowledge of the murder, till brought to view the dead body, when he coolly said, I killed that man because he would not give me a little tobacco. The motive in this instance was as inadequate as that which was presumed in the case of Howieson. It appears to me to be exceedingly unsafe to convict upon the strength of presumed motives, particularly when these are very trivial, and when they are conjoined, as in the case of Howieson, with no equivocal evidence of insanity. The woman was a perfect stranger to Howieson, and not a single article was stolen from the house.

The extraordinary appetite which this man exhibited, and the revolting quality of the food which he preferred are important elements in the case, because the same circumstances have been found in other instances of the same kind. Georget has reported the case of a man of the name of Leger, 27 years of age, a vine dresser and an old soldier, who was tried for murder on the 23d of November, 1823, and who was condemned and executed. This man had from his youth appeared gloomy and

savage, he was fond of solitude and shunned the society of women, or of young men of his own age. On the 20th of June, 1823, he left his father's house, under the pretext of seeking a situation as a servant, and only taking with him fifty francs and the clothes which he wore. Instead of returning home, he took up his residence in a wood, and made his home in a cavern which he discovered among some rocks; he lived in this manner for fifteen days, subsisting chiefly upon fruits and vegetables. One day he caught a rabbit, which he ate raw; he had in the course of these fifteen days occasionally gone to a village and bought a few pounds of bread and cheese. On the 10th of August he saw a little girl near the borders of the wood; he ran to her, passed a handkerchief round her neck, threw her upon his back, and ran with her into the wood. Perceiving after a short time that she was dead, he violated her person, mangled her genital organs, pulled out the heart and sucked the blood, and devoured part of it. Leger was arrested three days after, and denied his guilt, and gave a false account of himself. When confronted with the remains of the little girl, a medical man present observing him become pale, and that the expression of his countenance contradicted his denial, said to him, " Wretch, you have eaten the heart of the poor child, we have proof of it, confess your guilt." From that time he confessed his crime, and gave the particulars as to the mode of murdering the child which I have now mentioned. It is unnecessary to comment on this case, the history of the crime is a sufficient proof that this man was insane, independently of the fact ascertained by Esquirol and Gall, who examined his brain after his execution, in presence of several other medical men, and found evident marks of organic disease, in the existence of marked adhesion between

the *pia mater* and brain in several places.* Georget has referred to a case related by M. Berthollet, in the Archives Generales, which I prefer to quote in the original.

"L'on a arrêté, dit ce médecin, et conduit dans les prisons de S.-Amand (Cher), un homme qui faisait sa nourriture favourite et recherchée de substances animales les plus degoûtantes et même de portions de cadavre. Il s'est plus d'une fois introduit dans des cimetiéres, où, à l'aide d'instrumens nécessaires, il a cherché à extraire des fosses les corps déposés le plus récemment, pour en dévorer avec avidité les intestins qui sont pour lui l'objet qui flatte le plus son goût. Trouvant dans l'abdomen de quoi satisfaire à son appétit, il ne touche point aux autres parties du corps. Cet homme est âgé de près de 30 ans, il est d'une stature élevée; sa figure n'annonce rien qui soit en rapport avec cette passion dominante. La dépravation du goût est portée à l'excès: on l'a vu suivre les artistes-vétérinaires dans les pansemens de chevaux pour en manger les portions de chair détachées, les plus livides et les plus altérées par la maladie. On l'a trouvé également dans les rues, fouillant les immondices pour y chercher les substances animales jettées hors des cuisines. Ce qu'il y a de plus étonnant, c'est qu'il n'est point maitrisé par une faim dévorante; il ne mange point d'une manière extraordinaire, car lorsqu'il lui arrive de rencontrer de quoi fournir plus qu'á son repas, il en remplet ses pôches et attend patiemment avec ce surcroît d'alimens, que son appétit soit de nouveau réveillé. Interrogé sur ce goût dépravé, sur ce qui l'aurait fait naître, ses réponses sont de nature à le faire remonter à sa plus tendre enfance. Il place cette nourriture an rang des alimens les plus savoureux, et il ne peut

* Georget Examen Medical des proces criminels des nommés Leger, Feldtmann, &c.

concevoir comment on peut blâmer un goût qui lui paraît si bon et si naturel. Cet homme éprouve une gêne dans les mouvement du côté gauche; il dit qu'elle est de naissance. Lorsqu'on lui fait subir une espèce d'interrogatoire un peu prolongé, on s'aperçoit d'une certaine incohérence dans les idées, d'une tendence à l'imbécillité. Cependant il répond a tout ce qu'on lui demande avec assez de précision, et il conserverait assez de facultés morales pour rester libre, si la société n'en réclamait impérieusement la réclusion. Cet homme, dont le goût fait horreur, *pourrait tôt ou tard se porter a des excès dangereux; il avoue lui même que, quoiqu'il n'ait encore attaqué aucun être vivant, il pourrait bien, pressé par la faim, attaquer un enfant qu'il trouverait endormi, dans ses courses dans les campagnes.* Il paraît manquer de courage et être très-pusillanime; c'est peut-être a cela que l'on doit s'il n'a commis aucun crime pour satisfaire son goût dominant. Par une bizarrerie inexplicable, cet homme, lorsqu'il se repaît de substances animales et surtout des intestins de cadavres humains, dit éprouver une douleur très-vive aux angles de la màchoire et dans toute la gorge."

" Il est à remarquer que cet homme est très-porté aux actés vénériens.

" Il a été arrèté en Octobre dernier, dévorant un cadavre inhumé le matin.

" N.B. Le Tribunal a prononcé son interdiction, et il sera envoyé dans une prison telle que Bicètre, pour y être détenu."*

The cases which I have now quoted not only illustrate each other, but they throw light upon the subject itself; and it would be an erroneous inference, in every instance, to conclude that a person is perfectly responsible for a

* Archives Générales de Médecine, tome 7, p. 472.

crime, because he seems to have exhibited so much self-possession immediately after its commission, as to take measures to escape its consequences, or when he denies his guilt. The means of escape in all those cases are such as have been adopted after the crime has been perpetrated. They have not been prepared beforehand; if we had evidence that they had been so, the complexion of the case would be changed. There seems no reason to doubt that the perpetration of the crime has a soothing influence upon the patient's mind; he regrets, most probably, what he has done, and as he has no immediate impression that his insanity will save him from punishment, it is by no means unnatural for him to take measures to escape. These are generally ineffectual, and the story which is told, for the most part, so ill concocted, as to be the means of betraying his guilt.

But the number of similar cases is far from being exhausted; we find a curious example, one, too, attended with very unnatural circumstances, communicated by Dr. Reisseisen of Strasburg. In the month of July, 1817, a year remarkable for a bad harvest and for the dearth of provisions, a labourer living upon the banks of the Rhine had gone over to the opposite side of the river for the purpose of obtaining charity. He was accompanied by a son, and he left a daughter and son, the latter a child of fifteen months old, at home with their mother. He returned in the course of two days, and missing the little boy, he inquired at his wife for him, and she replied that he was asleep. Repeating his question regarding the boy, his wife pointed to a small closet off the kitchen. Upon the father entering the closet, he saw nothing but a bundle covered over with a cloth. Upon examination, he found the dead body of his son seated in a washing tub. His shirt was covered with blood: he lifted the body of the child, and observed

that the right leg was awanting. Information of the murder was instantly communicated to the public authorities. When first questioned by the officers of justice, she hesitated to reply, but being pressed, she soon confessed without emotion, that in the extremity of want in which they were, she murdered her child with a hatchet, that she had cut off one of the legs, which she had cooked with white cabbage; that she had eaten a part of this food, and that she had preserved the remainder for her husband. Part of the cooked cabbage was indeed found, and beside it a bone which had been picked, and which was found to be the right femur. She also confessed that she had thrown another bone into the fire. Part of the right foot was found beside the other remains of the body. When questioned as to the motives which had induced her to commit so fearful and so unnatural a crime, she replied, wretchedness, and that God had abandoned her. She was sent to prison, and subsequently she was transferred to Strasburg for trial. It was found upon examination of the body of the child that its death had been caused by two incisions on the lateral part of the neck, on the left side. The thigh was disarticulated, and had been removed, along with a portion of the abdominal muscles. The fact being proved, the accused having confessed her guilt, and never having retracted her confession, neither during her imprisonment, nor upon her trial, the whole case rested upon the soundness of mind of the criminal.

Until the period of the murder of her infant, this woman had conducted her domestic concerns in the usual manner, and her character was irreproachable, and neither her husband nor her neighbours had remarked any symptoms of mental alienation. The only circumstance in her history which bore any appearance of hallucination was the fact that about two years previously she had occupied

her mind with the notion of finding hidden treasures. At the time in question, poverty obliged her to go with two of her children to reside with her parents, with whom she lived some time. When she returned to her husband, she engaged two neighbours to assist her in digging for a treasure which she said was hid in a wood at a part which was marked by carrion. From that time, nothing unusual had been observed in her state of mind. The motive she asigned for the murder was not the real one; though they were in poverty, they were not suffering absolute want, and she had not been driven to murder and cannibalism by the cravings of hunger. She had some roots remaining, and she had several chickens and a goat. She did not make any effectual attempt to deny the murder, not only because she said she knew it would be useless, but because she deemed it of no consequence whether she died by the hands of the executioner or from starvation. During her imprisonment, previous to trial, she was placed in the hospital of the prison. She was gloomy; her countenance was repulsive in expression; she had the appearance of being constantly occupied with something; she never spoke except when addressed, and then her answers were cold and indifferent, but perfectly coherent. She invariably said that at the moment she murdered the child she knew not what she was doing. She occasionally indulged in fits of laughter, and when asked what she was laughing at, she replied that something amusing had crossed her mind. Upon one occasion she indulged in a slight act of violence against a neighbour, for which she immediately offered an apology. One evening she was detected alone, dancing. Upon the trial she seemed perfectly indifferent to her fate, and it was only when permitted to see her daughter, while the jury were deliberating, that she showed any appearance of feeling. There was no doubt as to her

being guilty of the murder; the only doubt that could be entertained was as to her moral responsibility for that guilt. Fodéré was examined upon the trial in reference to that point. He entertained great doubts upon the subject; for the honour of humanity he hoped that she was insane. The jury returned a verdict in conformity with the opinion which they formed, that she was not of sound mind at the time she murdered her infant.

The case which I have now related is very interesting. There could be no criminal motive for the murder; she had not even that of hunger, which has so frequently given origin to crimes not dissimilar, to impel her to such an act. With the exception of the hope she had expressed of finding a treasure, and of the means she had taken to succeed in this expectation, she had given no indication of hallucination, if that can be called so. Subsequent to the murder, we have more clear indications of something peculiar in the mind of this woman, as indicated by her gloomy, indifferent, and taciturn manner, by her occasional bursts of laughter, and her solitary dancing. We have to remember, however, that the condition of a person subsequent to the commission of a crime, is very equivocal evidence of his state at the time it was committed. The mental faculties may either be improved or deteriorated thereby, and there is always the risk of simulation; and the crime may have operated as a moral cause of the disease which undoubtedly exists.

Under all the circumstances of this extraordinary case, though the proof of insanity is by no means so clear as in many others where the individual has been condemned and executed, I have no hesitation in saying that I think the verdict of the jury was correct. If those cases in which there is an attempt to conceal the crime, and to escape from justice, which very efforts, perhaps, lead to the

detection of the individual, be attended with greater difficulty, yet those circumstances do not appear to me sufficient to infer the responsibility of the person who has perpetrated the crime, for the reasons which I have already stated; but when, instead of flying from justice, instead of making any attempt to conceal the crime, the person himself is the first to reveal it, and either remains beside the body of his victim till discovered, or voluntarily surrenders himself to justice, urging the speedy execution of the sentence which he believes must be passed upon him, the case is not embarrassed with the difficulty which I have mentioned.

B., a farmer in the neighbourhood of Lanshut, in Bavaria, upwards of seventy years of age, had uniformly borne the character of an honest, industrious, intelligent man, and had at one time been in easy circumstances; but, in consequence of the war, and of additional burdens which had been imposed, as well as his being obliged to pay money to children by a former marriage, his means were considerably diminished. B. became melancholy; complained constantly to his friends of the hardness of the times, and the difficulties of his situation. He lost confidence in the priests in his neighbourhood, and had recourse to, and consulted a curate in a distant parish, who did not think him in the enjoyment of a sound mind. Those who lived under the same roof with him had nothing to complain of in his conduct. It was observed that he did not treat his wife with so much consideration as he had been in the habit of doing. As to the children of his second marriage, he continued to display the same affection for them as formerly. His sleep became less tranquil; and the disquietude upon the state of his affairs increased to such a degree, that he expressed it in accents of despair. At these times he despaired of the temporal and future

welfare of his children. A misunderstanding had existed for some time between this man and a neighbour—the only one with whom he could not agree,—and it appeared that there had been some cause for the unfriendly terms on which they stood. This enmity increased on the part of B., and he came to regard this neighbour as the chief instrument of all his misfortunes, accused him of having seduced the affections of his children and servants: they had frequent altercations, and he had even threatened his life. A servant of respectable character had lived with B. for twelve months. His master began to complain of his negligence; that he led him into needless expense, of which he gave some frivolous instances; and particularly, that he had not obeyed the injunctions he had given him, —not to have any intercourse with the neighbour with whom he was at enmity. Upon these grounds he resolved to part with this man when the period of his engagement had expired. He gave him due warning of his intention, settled the pecuniary matters between them, when the term for the servant's departure arrived, and indulged in no reproaches. Upon that evening B. went to bed earlier than usual, and did not undress himself, as was not unfrequently his custom when he did not feel well. His servants rose at four o'clock next morning, and the servant who was to leave the house that day after breakfast, rose at the same time, and engaged in the usual labour. B. rose earlier than usual, smoked a pipe, and it was during this act, according to his own declaration, the truth of which there is no reason to doubt, that he first conceived the idea of taking vengeance upon the servant who had done him so much injury. He declared that the idea of the injury which this man had done him occupied his whole mind, and that no other thought entered his head. He got hold of a musket, which was already loaded, and

screened himself behind a press, before which the servant must pass before entering the kitchen. He came into the house with some of the other servants, so near him that he could not execute his purpose without incurring the risk of wounding some other person at the same time. He then went up stairs to his room, in the floor of which there was an aperture, through which he had been in the habit of watching his servants when at their meals. The man against whom he had the enmity, was placed in the centre of the table, nearly opposite the aperture. More intent than ever upon his purpose, and armed with the musket, he bent upon his knees, in such a position as not to miss the servant, and not to injure any one of the others who were seated at breakfast along with him, and at the same time so as not to be discovered,—took aim, fired, and wounded him mortally in the breast. He had previously had the precaution to lock the door which led to his room. Without regarding the cries which were uttered, and without answering when called upon, he went into an adjoining room occupied by his children, seized a hammer which had been there for some time, and with it murdered his son, as he lay asleep. He approached the bed of his daughter, whose supplications for mercy, and feeble resistance did not prevent him from beating her upon the head till he believed her to be dead. The reason for murdering his children he stated to be, that as he was destined to perish upon the scaffold, he thought it better to relieve them from the seductions of the world, and particularly from the bad offices of his neighbour, who had done them so much harm, and who had taught them disobedience. This he frequently repeated, and regretted that his daughter had recovered. He likewise made the following curious declaration in reference to the murder of his son, and the attempt to murder his daughter, and

compared it to a double murder which had been committed in the neighbouring parish about a year before:—A shoemaker attempted to steal a watch from the shop of a watchmaker; he contrived by various pretexts to get the master out of it, and in his absence laid hold of a watch of triffling value. When about to make off, the watchmaker returned; a struggle ensued between them, and the thief murdered him with a hammer which he had about him. The cries of the watchmaker brought a man to his assistance, who in his endeavours to secure the criminal, met the same fate. B. compared his situation to that of the shoemaker, and said that, like him, he was in the way of murder, and could not leave off, though he believed his motives to have been far more justifiable. After committing the murders, B. dressed himself warmly, as the season required, provided himself with money, and the requisites for smoking, and without opening the door which led to the room in which his children lay, both of them dead as he believed, he went into the court yard by another passage. He then ordered a servant to yoke a couple of horses to a carriage, for the purpose of carrying him to the chief town of the district; took leave of his family, without testifying the slightest marks of feeling or repentance. While setting off, he threw the key of the door of his children's room to those who were near him. About half-an-hour after their departure, he told the servant who was driving him, that he had murdered his children. When he reached the seat of justice, he drove directly to the residence of the proper officer, bid his servant farewell, requested to be conducted before the proper tribunal, where, without the slightest appearance of sorrow, he told what he had done, and requested that the proceedings against him might be expedited as much as possible, and that no

delay might take place in the execution of the sentence, which he believed must necessarily follow.

This man was evidently insane; and, to the credit of the court before which he was tried, such was the opinion which was formed of his condition, and instead of being sent to the scaffold like so many others in a similar state, he was consigned to confinement in Munich, where he died in the course of a year in a state of dementia.* The motives, in this case, were wholly inadequate to account for the murder upon any supposition save that of insanity, and yet it is obvious that he acted with premeditation,—with a certain degree of precaution,—that he had reasoned upon it in his own mind, and deliberately resolved to execute the purpose which he had formed,—and that he was perfectly aware of the criminal character of the actions which he had committed. It does not appear to me that the nature of the case would have been changed even though he had made ineffectual and futile efforts to escape punishment; nor is there any thing in the case incompatible with the idea of his having made such an attempt.

The only other case to which my limits will permit me to refer, is that of Henrietta Cornier, which excited great interest at the time it occurred. This girl had the misfortune to lose her parents at an early period, and it seemed that she had been ill used in the earlier part of her life. At the age of nineteen she contracted an unfortunate marriage, and, owing to her husband's poverty, they had only lived together about four months. She then went to Paris, where she lived seven years, and had been engaged in the capacity of a servant in various families. During this period she had cohabited with several men, and had born

* Annales d' Hygiene Publique.

two children. For two years previous to the murder she committed she had reformed. The people with whom she had served gave her a good character for honesty, and that she was particularly fond of children. One of them said that she was gentle tempered and happy, and was occasionally found laughing to excess. This, however, was not the uniform condition of this woman. She was frequently observed to be in a melancholy state; and upon one occasion she made an attempt upon her own life. The gloom and melancholy increased to such an extent at one time, that she seemed to have fallen into a state of complete stupor. It seemed of no avail to offer her sympathy, or to endeavour to gain her confidence. Pregnancy was suspected, but soon disproved, and all the means adopted to ascertain the cause of her sorrows proved fruitless. It was towards the end of September, 1825, that she made the attempt to drown herself. She acknowledged the act, but declined to impart the cause of it. Towards the end of October, her friends obtained a situation for her in a furnished hotel, kept by people of the name of Fournier. Her melancholy continued, and upon the 3d of November, she was observed by one of her relations who went to visit her in the same gloomy state, and complaining of some pretended slights she had received from her mistress. This friend pacified her by promising to look out for some situation for her as a nursery maid, which would be more agreeable to her on account of her affection for children. Her mistress had remarked her melancholy state of mind. On the evening of the same day, observing her more oppressed than usual, she had questioned her as to the cause of her depression. She confessed that she was sad, and ascribed it to the misfortune she had sustained by the early loss of her parents, and the ill usage she had received in her youth. Next day her conduct was

not in any respect different from what it had been. Shortly after one, her master and mistress went out to walk, leaving directions with her to prepare dinner at the usual hour, and ordered her to go to the shop of a neighbour of the name of Belon, to purchase a small quantity of cheese. Belon had two children, one seven months old, the other nineteen, a very interesting child, called Fanny. Between these people and Cornier there was not the slightest feeling of ill will. There was no quarrel, no jealousy, and, indeed, very slight acquaintance; and it was only during the short time she had lived in their neighbourhood that they had known each other. Upon the occasions of her visiting the shop, she had been prodigal of her caresses of the little Fanny. That very day she declared she loved her like her own child. When she went to the shop, shortly after the departure of her master and mistress, to purchase the cheese, the child was in its mother's arms; she took her from her and kissed her; the mother said something about her desire to give the child a walk, as the day was so fine, and Henrietta begged the mother to allow her to take the child home, and she would keep her till she dressed herself. To this proposal the mother reluctantly yielded. Cornier took the child home, and instantly severed its head from its body, and threw the head out of the window into the street, which was crushed to pieces by the wheel of a passing waggon. The mother soon arrived, asking for her child, and Cornier coolly told her that she was dead. She never denied the act, and deliberately confessed the mode of its execution. The whole case turned upon the question of this woman's insanity. Adelon, Esquirol, and others, entertained doubts upon the subject; no trace of mental aberration was capable of being detected when these gentlemen examined her, and though they did not pronounce

that she was of sound mind, and morally responsible for the murder, they did not deem the evidence sufficient to permit them to give a decided opinion either way. The remark of Esquirol is true that in the majority of cases of homicidal madness, the motives for the commission of the act are known and acknowledged by the patient. Yet if these be instances of disease, and not of crime, which I have detailed, this is not the uniform fact. The question as to the insanity of this woman, appears to me to have been proved as decidedly as the nature of the subject will admit of by Marc, in his medico-legal consultation for Henrietta Cornier. I may briefly advert to the more prominent facts from which the inference of her insanity is deducible. She had formerly been insane, at all events, she made an attempt at self-murder, which in this instance may be received as proof of insanity. On the day previous to the murder, and, indeed, for some time before, she was observed to be gloomy and disconsolate, and she obstinately refused to communicate the cause of her sorrow to her friend or mistress when questioned in the kindest spirit. If we consider these proofs of insanity, with the absence of all motive for the murder, with the mode of its execution, and her frank confession of her guilt, we shall be forced to agree with Marc, that this woman was of unsound mind.

There is one circumstance which deserves to be taken notice of, which is not without its due weight. At the time of the murder she was menstruating; and a strong proof that the crime produced no great moral impression on her mind, is the fact that this secretion was not interrupted, but continued for the usual length of time. I should fancy that in cases of murder, from the usual motives, in which the crime was so immediately and unequivocally detected, this would not have been the case. Upon the

general question, Marc has observed, that women are more subject than men to this disease, and they are particularly so at the menstrual periods. All our authorities upon insanity agree that menstruation has a very decided influence upon mental alienation, and even operates as one of its causes; and it is well known that insanity shows itself during the time that the menses are flowing, before they are expected, or when they have ceased; it is influenced by irregularities in that secretion, and it is most frequently at this period that women commit suicide. The period of the menstrual return is always a dangerous one for insane patients; an increase in the severity of their symptoms is manifested, and they not unfrequently upon these occasions, display a degree of violence which during the interval does not exist; and this takes place even though there may be no irregularity, or disease in the menstrual function itself. It is no uncommon thing to see patients almost in a state of complete dementia, who, nevertheless, at the return of the menstrual period, are so violent as to require restraint. Now, this period is well known not only to aggravate the symptoms of the insane, but to produce in those of sound mind a degree of irritability of temper which they exhibit at no other time. Marc has mentioned the case of a cook, who menstruated regularly as to time, quantity, &c., who, during the existence of the discharge, did not loose her reason, but who seemed so dangerous, from the threats which she used, and the violence which on one occasion she attempted, that she was confined to a mad house. The fact that Cornier was menstruating affords a certain degree of corroboration to the opinion that she was insane.* A curious circumstance in the history of the case under notice, is the

* Marc Consultation Medico-Legale pour H. Cornier.

avowed fondness of this woman for children; it is true that we have but very equivocal proof of that in the care she bestowed upon her own, as she had consigned them to the Foundling Hospital; yet, granting that this was done on account of her necessities, and that she really did feel pleasure in the society of children,—that her affections were captivated by their manners, their artlessness, and innocence,—that her imagination was impressed with the happy condition of the child in comparison to her own, —and that the influence of this contrast had aggravated her disease. This, I think, may have been the case. There is nothing more extraordinary than the influence of the imagination over the affections; and the very love which this woman really felt for children, may be the cause wherefore she should have selected one of that tender age as the victim of her insane impulse. This idea is further strengthened by the fact (which is, however, not sufficient to infer responsibility) that Cornier confessed that she had premeditated the murder, and that her caresses of the child were adopted as the means of facilitating her object. She was not executed, but sentenced to confinement for life.—The subject of homicidal monomania might be further illustrated by the history of many similar cases which have been recorded; and many who have committed murder while labouring under this disease have no doubt been executed, without any suspicion having existed that they were of unsound mind.

It seems, therefore, that murder may be committed while the patient is labouring under monomania, with or without appreciable intellectual disease; and the medical jurist should bear in mind that the same thing may occur in those cases to which I have already referred, of sudden explosion and short duration of maniacal disease. Within the last few weeks I have seen a case which illus-

trates the truth of this remark. I was called to visit a young man whom I had previously attended for slight ailments, quite unconnected with mental aberration. I found him upon this occasion in a state of very considerable excitement, so much so, that I should not have been surprised at any act of violence which he might have attempted. He had been ailing for several days, but it was only a few hours before I saw him that any maniacal symptoms had been observed. Next morning I found him perfectly calm and coherent. I was informed that he had continued to exhibit considerable excitement for several hours after my visit, when he fell asleep, and awoke in a short time in the possession of all his faculties. A profuse gonorrhœal discharge had in the meantime taken place.

I have chiefly referred to the crime of murder, but it need hardly be observed that monomania is an equally valid exculpatory plea in the cases of fire raising and theft, or, in short, for any crime to which disease of the intellectual or moral faculties may lead. The circumstances requiring investigation in all instances are the same. We must ascertain whether the person has previously been insane,—whether he had taken precautions to insure the perpetration of the crime, and to avoid detection,—whether these precautions were adopted before or after the act,—and above all, whether it seems to have been the consequence of the usual inducements to crime; these, with the positive evidence of the existence of delusion, or of some unusual and unnatural impulse, will lead us, in most instances, to a sound conclusion as to the responsibility of the individual for the act in question.

It is scarcely necessary to illustrate the subject of the fire raising propensity farther than I have already done, and I shall only refer to one case which recently occurred in France, in which the person was acquitted. On the

20th of April, 1836, between nine and ten o'clock at night, a fire broke out in the house of an inn-keeper in the hamlet of *le petit St. Georges*, *Commune* of *Vallant*. The whole of the building, and a great part of the furniture were consumed. During the same night, Adèle Mathey, a young Swiss girl of sixteen, was arrested in the neighbouring *Commune* of *Granges*. She was in a deep sleep when arrested. In her bed were found a steel, two flints, and a small quantity of tinder. She immediately confessed her guilt. She had been wandering about for two months, having left her home in consequence of a violent quarrel between her and a man to whom her mother was about to be married. She was in a starving condition, and almost naked: perishing with cold and hunger, she said she had asked charity at two houses without success. Seated at a short distance from a thatched barn, she pulled from her pocket a steel and tinder which she had carried for some time; she threw the ignited tinder upon the thatch, and then removed to Granges, where she found shelter, and where she was arrested. She returned several times to watch the progress which the flames were making. When questioned as to her motives, she said, that she had not reflected,—that she did not know what to say,—that it was a bad thought which had come to her mind,—that she had lost her reason,—that she did not know why she had done so, but that she knew she did it. It is deserving of notice, that when arrested, she accused one of two men, in whose company she had travelled some distance, as having induced her to set fire to the house, to screen herself no doubt; but this, by her own account, was suggested to her by a question put by the officer who arrested her, who, believing that she was a mere instrument in the hands of others, urged her to name her confederates. "Was it not one of the men with whom you were in company?" he

asked. She replied, "Yes:" and described one of them. Upon the trial, she denied his participation in the crime, and declared that her accusation was suggested by the question of the officer. In prison she conducted herself like a child. During the trial, when told that she had been the means of ruining an industrious and worthy man, that she had caused an innocent one to be imprisoned by her false accusation, she said she was very sorry for it, but in the most indifferent tone and manner. It is probable that the exigencies of her situation, the fear of danger, (for the man she accused had made some indelicate proposal to her, upon which she immediately left them,) and absolute want, may have produced a sudden attack of moral insanity. Nothing was elicited upon the trial as to the previous state of this girl, whether she had been formerly insane; nor as to her natural temper and character.* In this case no intellectual aberration could be detected, but no trace of a criminal motive could be discovered; and if it was a case of disease, and not of crime, the act must have been the result of moral insanity, of some sudden impulse, of that extraordinary state of the affective faculties which impels individuals to the most unaccountable actions.

Masius ascribes some of the cases of fire raising to the desire on the part of those whose nervous system is in a highly exciteable condition, of seeing a brilliant fire, and says that they occur not unfrequently after they have witnessed some extensive conflagration, of which he has given examples.

Monomania is sometimes offered as an exculpatory plea for theft. Such cases have always appeared to me more difficult than those of murder, or fire raising, for the obvious reason that there must be greater uncertainty as to the

* Annales d' Hygiene Publique, &c. Tom. xx.

motives. A criminal does not commit murder, or set fire to a house without some ulterior object; but in the case of theft the object is comprehended in the act itself, and, therefore, it does not furnish the same evidence of insanity which the acts of murder or fire raising so frequently do. When this propensity is united with intellectual aberration, of course the case is clear; but even in some of those instances the cunning which the patient displays, and the address he uses in the act, and in his endeavours to conceal it, are so great that it can hardly be distinguished from crime. When theft is the result of an instinctive impulse, the attempt of the person to conceal it is an almost certain accompaniment. An interesting report was recently made by Esquirol and Marc upon the state of mind of a highly respectable woman accused of repeated acts of theft, in whom, by these gentlemen, it was believed to be an instinctive impulse. She had been insane. The propensity to theft occurred at the period of the year when her attacks of insanity had formerly taken place; and she confessed to them, that upon the occasions when she had stolen, she had an insane desire to seize every thing she saw; and that if she had been in a church she could not have resisted the inclination she felt even to steal from the altar.* The medical jurist should not give more than its due weight to the fact of the previous existence of insanity; a man who has once been insane may become a criminal. Though it is of the utmost importance that a correct judgment should be formed in every case in which insanity is suspected to exist, yet an erroneous one is of less consequence in the case of theft than that of murder, on account of the more

* Annales d' Hygiene Publique, &c. Tom. xx.

lenient punishment which is inflicted, and which may be remedied in part.

The question of moral liberty in all its bearings, is one of the most difficult that can well be conceived. We do not know what passes in the mind of an insane man; it is impossible to estimate the strength of his desires, or the power which he possesses to restrain them. It is impossible to know under what deceptions he may labour; but if the many cases to which I have referred be those of disease,—if the patients have had no undiscoverable vicious, or criminal purposes,—if they have not all been characters of surpassing cunning and address, it is plain that a perfect consciousness of the quality of an act, and the power of resisting the impulse to commit it, independently of the influence of the usual passions, are not invariably combined. But there is one consideration which should have great weight with the medical jurist. There may be cases in which, if punishment were to be considered in the light of retribution, a perfect consciousness of the nature of the act, might justly enough infer its infliction; but as this is not the true theory, it can never be justifiable to punish with the last severity of the law, unless it would operate as a warning to those placed in similar circumstances. Now, if a person has the misfortune to labour under some disorder of the mind, unconnected with intellectual aberration, which impels him to the commission of actions which are criminal, the example of the punishment of such a person would be entirely thrown away, in a similar case, and his execution would be an act of unnecessary severity—a gratuitous piece of cruelty.

CHAPTER VI.

DEMENTIA.*

——————Omni
Membrorum damno major dementia quae nec
Nomina servorum, nec vultus agnoscit amici,
Cum queis præterita cænavit nocte, nec illos
Quos genuit, quos eduxit.

DEMENTIA is a more or less complete decay of the intellectual and moral powers,—the result of causes which have produced a direct or remote effect upon the brain and nervous system. It is frequently the consequence of demonstrable structural disease of the brain itself. The characteristic of this form of unsoundness of mind is deficiency of intelligence. This deficiency arises from the feeble impressions which are received; or because the channels of communication between the material and intellectual worlds are unfit to perform their functions; or because the recipient faculty is incapable of receiving and retaining the weak impressions which are transmitted; or from all of these causes combined. Hence, as no just ideas of external objects have been communicated or retained, they cannot be submitted to analysis,—the memory being likewise weakened, they cannot be compared with former impressions; no judgment, therefore, can be formed,

* Animi affectionem lumine mentis carentem nominaverunt Amentiam, eamdemque Dementiam.—*Cic. Tusc.*

even though the faculties of comparison and judgment were capable of performing their functions. In the state of dementia the most incongruous ideas succeed each other. They are completely isolated and dissociated: words the most unconnected follow each other,—the subsequent idea having no relation to the one which preceded it; and it is equally unconnected with the thought, if it deserves the name, which is immediately to follow. These patients repeat words and sentences to which they attach no meaning, they lead to no act, and they seem to be repeated through the instrumentality of an imperfect memory. They speak without knowing what they say,—without recollecting what they have said, and without attaching the slightest importance to the words which they have spoken; and even though they sometimes express themselves in words of complaint and sorrow, in a moment all recollection of what they have been saying is lost, as, indeed, they never attached any meaning to it. Their conversation is involuntary, or the words may be recalled by fortuitous circumstances, as Esquirol has remarked, or from old habits. The memory is sometimes altogether destroyed, and the defect of this faculty applies chiefly to recent events, and this distinction is generally pretty obvious at the commencement of the disease. This is just the necessary consequence of the feeble impression which recent ideas have made upon the mind; and it is by no means uncommon to see patients passing into the dementia of old age, who remember with tolerable accuracy those events which took place while their faculties were in a sound state, but who are quite incapable of repeating what happened but a very brief period before, however interesting the circumstance may be, or however important to themselves. The decay of the moral is as marked as that of the intellectual faculties. The passions are

silenced; hatred, jealousy, and revenge are unknown to them, and the affections of the heart also decay. They neither love nor hate; they have no desires to gratify; all their old associations are broken off; they fear no danger; they anticipate no evil; and they hope for nothing. They may weep and laugh in alternate short fits; but it is without sorrow and without joy. The will is notably weakened; they form no resolves, no plans; they have no predilections, but permit themselves to be guided entirely by others. They are however occasionally irascible, and may be excited to temporary gusts of anger; but its existence is but for a moment, and they almost instantly forget the occasion and the object of their displeasure.

Along with this deficiency of the intellectual and moral powers, they exhibit some curious personal peculiarities. Some display extraordinary examples of muscular activity, walking incessantly, as if in search of something which they cannot find; others walk slowly with apparent difficulty, while many pass the greater part of their time in complete repose. Some are devoted to writing; what they do write is perfectly unconnected; they experience some difficulty in forming the letters, and still greater in joining these into words; and their hand bears no resemblance to what it was while in health. Many are quite incapable even of this, or, indeed, of exercising any mechanical art, however expert they may formerly have been. Some talk incessantly, and in an audible voice; others mutter constantly, in an almost inaudible tone, the commencement of what they say only being distinguishable, and the voice gradually sinks till it dies away altogether, in an indistinct mutter, of which nothing can be made, and which the patient could not repeat. There is no end to the variety of mechanical movements of the body which they perform, and which they practise with the most

wearisome monotony. Some will laugh and weep in the course of a single moment, thus alternating during the whole day; while others, with equal perseverance, dance, whistle, or sing. The extreme proneness to tears of many of these patients, is very remarkable. Their eyes are never dry; and the moment they speak or are spoken to, they begin to weep. Many take great pleasure in adding to their dress, so much so, that they seem to labour under its weight; and the extraordinary quantity of useless things which they collect,—leaves of books, threads, straws, rags, and a thousand useless things, is almost incredible.* The physical powers are weakened, likewise, and the peculiarities which are observed in the physical appearance of such patients depend, in a great measure, upon the cause of the affection. This disease is frequently complicated with general paralysis.

Dementia presents very great varieties. The loss of intelligence is sometimes complete; in other instances it is only partial. Something depends upon the period of life of the patient, as well as the causes to which it owes its origin. The physical causes of dementia are chiefly the following:—excesses in sensual indulgences and intoxicating liquors, organic disease of the brain, the frequent recurrence of convulsions and epilepsy, irregularities in the uterine function, injuries of the head, the progress of time, interrupted discharges, fevers, long continued mania and monomania, apoplexy, palsy. The moral causes again are, disappointed hopes and passions, terror, poverty, political commotions and domestic calamities; and the physical and moral causes are frequently combined. The different modes of aggression of the disease are of the

* The above is almost entirely taken from the inimitable description of Dementia, by Esquirol.

highest importance to the medical jurist. Some of the causes which I have just mentioned operate slowly upon the mental powers,—the disease comes on gradually,—the patient is observed to be less alert than formerly,—his memory begins to fail, and the decay of the intellectual faculties goes on perceptibly though slowly. In other cases, again, the causes operate with so much rapidity, that every ray of intelligence is extinguished almost instantaneously, and the person sinks all at once into a mere machine. It is proper to bear in mind that this disease is susceptible of cure which takes place spontaneously, or may be facilitated by remedial measures. But for this fact it would be impossible to feign it successfully. Dementia, it has been said, is acute and chronic, permanent and intermittent. These varieties depend upon the cause of the disease. When acute it is the consequence of temporary causes, and the effects cease upon their removal. In the chronic form it is the result of permanent causes, the effects of which, at least, cannot be remedied, such as apoplexy and its consequences, injuries of the head, the advance of years, long continued mania or monomania. It may be permanent, remittent, or intermittent; the mental faculties may be entirely destroyed, or they may be so for a certain period only, and this is susceptible of alteration from peculiar causes. It may alternate with a greater degree of intelligence than the individual usually possesses, or it may do this with monomania or mania. This is very common in epileptics,—in those who, at early periods of life, have suffered from organic diseases of the brain,—and in those whose intelligence has been weakened by repeated maniacal attacks. Thus it is no uncommon thing to see patients who are perfectly harmless, who possess little, if any exercise of the powers of the mind, who yet upon occasions are subject to fits of violent mania. It is likewise complicated with a variety of other diseases.

MEDICO-LEGAL APPLICATION.

The medico-legal consequences of dementia are highly important. It is very difficult in many instances to form a just estimate of that degree of intellectual deficiency which shall render the individual incompetent to discharge the various duties of life, and which shall, at the same time, render him irresponsible for his actions, and incapable of taking charge of his own affairs. We are enabled to judge of this by an attentive consideration of the case itself, the rapidity of progress which the intellectual deficiency has made, and a distinct knowledge of the causes to which the mental deterioration is to be ascribed. In the first place, therefore, as to the imposition of personal restraint in cases of dementia, though these patients form the vast majority of the inmates of our lunatic asylums, this is rather to be considered as the result of choice than necessity. In confirmed dementia, as the patient is unable to provide for his own necessities, and absolutely requires that care should be taken to keep him out of the way of harm, it resolves itself into a matter of convenience for the relations of the party to adopt such measures for that purpose as may be most convenient to themselves, and may best suit their circumstances. The medical jurist can have little hesitation in such cases to grant his consent to their confinement; because the patient himself has no choice in the matter, he will most probably have no reluctance to be separated from his friends, and may be totally unconscious of the change in his situation; his affections are as obtuse as his intellect is weakened; the separation will not interfere with his happiness, while his personal comfort may be increased; and if it be one of those cases in which a hope of a cure may be entertained, perhaps his treatment will be most effectually conducted in a lunatic establish-

ment. But the sequestration of such patients is not necessary, in the great majority of instances, to accomplish the objects, which have been already stated to be our warrant for imposing personal restraint upon a patient of unsound mind. If it be one of those cases in which the disease is intermittent, and alternates with maniacal paroxysms, the restraint of such a patient may be absolutely necessary. In a case, for example, which is complicated with epileptic paroxysms, to which violent mania succeeds, confinement may be imperative, because the fits recur at uncertain periods, quite unexpectedly, and the fury and mischievous character of the patient are in the highest degree dangerous. If the disease be the result of sensual indulgences, or of the abuse of intoxicating liquors, confinement may, by withdrawing the cause, ultimately lead to a cure; and this is chiefly to be hoped for in the early years of life, and when the affection is but of short standing. But, on the other hand, in those cases in which the intellectual faculties are not entirely destroyed, and in which the affections of the heart are still retained, if there be any thing in which the patient feels a pleasure, and takes an interest, it would be a piece of unnecessary cruelty on the part of the medical jurist to consent to his restraint, though his pleasures should happen to be childish and undignified. If these predilections threaten no injury to his person, there can be no object in secluding him in a house for lunatics; and if his facility of disposition would render him an easy prey to the designing, all control over his property may be taken from him, even though he should be permitted to retain his liberty. As this is not a state of disease, but deficiency of the intellectual faculties, general rules are less applicable, and a decision must be come to upon the circumstances attending individual cases; the general object in view being to provide for the safety

of the person and property of the patient, as well as that of the community, by such means as appear to be most conducive to that end, without cruelty to the unfortunate sufferer.

Dementia forms a frequent ground for disputing the validity of deeds. When the intellect is so far deteriorated as to constitute a well-marked case of dementia,—when the mental faculties are so completely abolished, that the person cannot be presumed cognizant of his own affairs, or the relation of others to him; and if he should set his name to a document which has been prepared for him by others, to the injury of a just claimant, we can have little hesitation in declaring our belief that its provisions ought to be set aside. It is not to be regarded as the disposition of a man of sound mind, but one which he has been solicited or concussed to execute from improper motives on the part of others. There are instances in which the very existence of a testamentary deed at all, would be *prima facie* evidence that it was invalid. Patients labouring under dementia do not assume causeless dislikes and partialities; and their intellectual faculties may be so completely gone, that they could neither dictate nor understand the mode in which their property should be, or had been disposed of, by will. When we are satisfied of the complete loss of intelligence which is inferred in the condition above described, there is no great difficulty; but the case is widely different, indeed, when there is impairment of the powers of the mind only, when, either on account of advanced life, or the operation of some of the causes of dementia which I have mentioned, there is a certain degree of loss of intelligence, but still not so complete as to remove all doubt as to the person being of sufficiently sound mind to dispose of his property by will, or to enter into any other engagement. An opinion can only be come to in such a case upon a

distinct appreciation of the state of mind of the person at the time the deed was executed. If we have an opportunity of examining the patient ourselves at the time, or if we are consulted as to whether he is fit to make a valid disposal of his property, we should not have much difficulty in coming to a sound conclusion upon the point. We should discover if he was under the improper control of some one who meant to profit by his facility of temper; and we should be able to ascertain if he could "re-word the matter," as I have explained in a former chapter, which is a criterion of some value in this state, and would prove that there is no great loss of memory of recent events, which is so characteristic a feature of dementia. A person, however, may really be incapable of disposing of his property by will, less on account of the loss of intelligence, than from his moral deficiency. For example, his faculties may be still so entire as to permit him to know and recapitulate the provisions of a deed, and yet he may be so completely under the control of another, as not to have the power to resist whatever proposition may be made to him; he may have been rendered so habituated to perfect obedience, that he performs whatever he is asked to do. Distinct proof of this should render the will invalid in a moral, and I presume would do so in a legal point of view also. We may be asked to give an opinion as to the capacity of a testator upon the report of others, which is always unsatisfactory, as there is generally much conflicting testimony as to the state of mind of the individual at the period, sometimes emitted from motives of interest, and always from a want of distinct notions upon the subject. In all such cases, the medical jurist should acquaint himself with the cause of the disease, the rapidity of its progress, and the physical ailments under which the person has laboured. The existence of such diseases, as may be presumed to

have produced organic changes of the brain, and which again have given origin to mental deficiencies, may be considered as furnishing, so far, evidence of unsoundness of mind. But this, of course, is not invariably true. Apoplexy, palsy, and repeated epileptic seizures, no doubt lead to this result very frequently, but not always. The same remark applies to extreme old age. A will disputed upon these grounds alone, could not be set aside; this could only be done if they were complicated with such a degree of mental imbecility as implied the impossibility of the individual directing the disposal of his property, and the improper control of some other person. The knowledge of the state of mind at the moment of the execution of a will, is of very great moment to our forming a correct opinion as to its validity. A person may have laboured under dementia at one time to such a degree as to infer mental unsoundness, but he may have recovered so far as to be capable of making a valid will. This can rarely happen in those cases in which the mental defect arises from organic disease of the brain. An attack of an acute disease, however, has been known to restore the faculties of the mind which had been long sunk in dementia. It has restored the powers of the mind in such cases, while the same disease, in those in previous health, would have produced delirium.

A young woman who was employed as a domestic servant by the father of the relater of the case, while he was a boy, became insane, and at length sunk into a state of perfect idiocy (dementia). In this condition she remained for many years, when she was attacked by typhus fever, and the gentleman, having practised medicine for some time, attended her. He was surprised to observe, as the fever advanced, a development of the mental powers; during that period of the fever when others were delirious, this pa-

tient was entirely rational. She recognised in the face of her medical attendant, the son of her old master, whom she had known so many years before, and she related many circumstances respecting his family, and others which had happened to herself in her earlier days. But, alas! it was only the gleam of reason; as the fever abated, clouds again enveloped the mind. She sunk into her former deplorable state, and remained in it till her death, which happened a few years afterwards.*

Such cases are exceedingly rare, and even if they were of frequent occurrence, they could not create much difficulty, as circumstances may have occurred in the interval of which they must be entirely ignorant, and which would influence them, if they were known, in the disposal of their property. Each case must be judged of on its own merits, and an opinion formed by the measure which we have taken of the integrity of the intellectual faculties, all of which it is our duty to put in operation.

The opinion of the medical jurist may be required as to the validity of a will executed in the last stages of life, when no previous intellectual deficiency had existed, but in which the intellect may be presumed to have been obscured by the physical disease which has led to a fatal termination. I have already observed that in many cases of intellectual disorder, and in some rare cases of mental deficiency, there has been a "lightening before death." The powers of the mind have been in a great measure restored shortly before the fatal event; but it far more frequently happens that the disease of which the individual dies, induces a complete state of unconsciousness, or, at all events, such an obscuring of the mental faculties, as that no act which he might perform could be considered valid,

* Tuke's Description of the Retreat near York.

even though he was able to append his signature, which in many such cases he would be unable to do. Our opinion may be required as to whether, in the last stages of life, the patient has a sufficient degree of consciousness of his situation, and of his relation to others, as would enable him to execute a valid deed; our estimate will be formed from the remaining degree of mental integrity, and whether he is able to dictate voluntarily the terms of his settlement. It is not enough, as I think, that after hearing a document read over, he should say it is all right; we do not know that he has understood a single word of what has been said, and the answer of its being as he wished it, is generally to a question put if it is not so. It is far more satisfactory that he should be able to dictate what he wishes, or at all events, to repeat the terms of his will; if he does so accurately, we have every reason to support its validity. If he should recover, it would be proper to know if he was aware of what he had done. It is of importance to attend to the nature of the disease of which the individual is dying. There are many who retain the perfect enjoyment of their faculties to the last, through a long and lingering disease; while there are diseases in which the intellectual faculties are affected from an early stage, or even when this precedes any severe physical symptoms. The intellectual powers are obscured in diseases which affect the brain itself, the nervous system generally, as in fevers, in those in which the circulation in the chest is impeded, in a great variety of organic affections which are well known, and generally in all acute diseases which terminate fatally after a short course. But in such cases general rules are of little value, and each must be judged of upon its individual merits. The medical jurist must not suppose that his inquiries into the degree of perfection of the intellectual faculties, under the circumstances just men-

tioned, is by any means an easy duty; on the contrary, it is frequently attended with the greatest difficulty, and in many instances he will have great doubts in his own mind as to the evidence, which the almost contradictory state of the intelligence of the patient should authorise him to emit.*

Dementia may be imputed; and on this ground it may be proposed to deprive the patient of the control of his affairs: the investigation into this point involves no specialty, and the circumstances which require the investigation of the medical jurist, are precisely those which I have already mentioned, and which it would be a loss of time to repeat. It is probable that the waste into which the patient is permitting his affairs to run, or the injury which he is sustaining from his facile temper, the result of disease, may authorise his affairs being placed under proper management, even when his memory and the other mental powers are so little deteriorated, that he might be considered capable of making a valid disposition of his property.

Dementia cannot be concealed, but it may be feigned; and this is frequently done from motives which are sufficiently obvious. This it would be impossible successfully to accomplish, if dementia were uniformly the chronic disease which it so frequently is; the consequence of advanced age, apoplexy, palsy, injuries of the head, &c. But it is to be remembered that it not unfrequently comes on suddenly, that it is sometimes remittent, and intermittent, and susceptible of cure. It is no unusual thing for persons accused of crimes to assume a degree of simplicity and stupidity by no means in accordance with their

* I am not ignorant of the law as to death-bed dispositions. With that, however, I have nothing to do.

real character. It is perhaps not intended by this deception to set up the plea of moral irresponsibility, but only that it may seem improbable, that, from their assumed character they should have been guilty of such an offence. But there are others who affect an almost entire abolition of the intellectual faculties, and it is only by the most minute inquiries into the history of such cases, by repeated examination, by patience, and perhaps some artifice, that we ultimately succeed in detecting the imposition which is attempted. By surprising the attention of the patient, by throwing him off his guard, and by watching him when he is not aware that he is observed, we may succeed in discovering the true nature of the case; and we should take into consideration the inducement he may have for simulating dementia.

A very interesting case has been related by Professor Monteggia, and translated by Marc, from whose translation the following account is taken:—In 1792, a criminal detained in the prison of St. Angelo, in the province of Lodi, had no sooner learned that his accomplices had denounced him as the author of the crimes with which they were charged, than he seemed to fall into a state of dementia. The medical men of the place who were commissioned to report as to his state of mind, made several observations, which induced them to lean to the opinion that his mental infirmity was feigned. The chief reasons which led them to this conclusion were, the unexpected appearance of the affection without any previous indication of its approach, the irregularity of the symptoms, which sometimes appeared in the form of melancholy accompanied with delirium, at other times the hallucination was of a cheerful character, and sometimes he exhibited complete dementia. His gestures were unusual, he almost never spoke, and his physiognomy was natural. To questions

put to him, the only answer he made was—*book—priest—crown—crucifix.* Sometimes he appeared, by the movements of his lips and tongue, to endeavour to answer questions, and then he would repeat with a cheerful aspect his accustomed words, and pronounce several times the word *book,* with the emphasis with which we generally articulate a word which we have had some difficulty in recalling. It was further observed that he made a noise in the night, and was quiet during the day, that he spilt his food, that he never sighed, and that he never fixed his eye upon any object. Speaking in his presence among themselves, so that he might hear what was said, some one remarked that if he did that which he did not do, they would have no difficulty in concluding him to be insane. It seemed evident that he listened to what was said, and he even discontinued his accustomed sounds, and he soon began to do what he had heard said was a necessary proof of his insanity. It was observed that he had a dread of allowing his pulse to be felt, and, though in the most perfect repose, he immediately began to move his arms and fingers whenever it was proposed to examine his pulse. The medical men proposed in his presence to apply a blister to the neck, remarking that such a measure was certain to produce an amelioration in the symptoms, of whatever kind his disease might be. From that time he became completely dumb, and several days afterwards, when the blister had been applied, he immediately repeated the usual words, *book—priest,* &c., the object of which was presumed by the medical men to be to exhibit an improvement, from the dumb state in which he had been, in consequence of the operation of the blister. In July, 1793, he was transferred to the prison of Milan, of which Monteggia was surgeon, who, along with the physician was instructed to give an opinion as to his real state of

mind. The prisoner was forty-five years of age, of small stature; he appeared to be deprived of his reason, and completely imbecile. There was a degree of oddity and affectation in his manner which led his new attendants to believe that he was simulating. When steadily looked at he turned away his eyes, and seemed to endeavour to remove himself from observation, as if he did not relish being too closely inspected. He appeared to pay attention to what was passing around him, and when any one looked at him, he affected immediately to take no notice of what was going on. When any one called to him, he heard distinctly, and would change his place as if to go to where he was called, but he did not go straight to where he was called, but walked about as if uncertain whither he should go. In addition, he never spoke; the sound of his voice was never heard; he made a kind of whistling noise like the wind through a narrow aperture, particularly when he was moved by the sight of any object which caused him displeasure. He took great delight in brilliant objects, or pretty articles, of whatever kind they might be. He looked at them, and touched them with curiosity. He had picked up various trifling things upon which he seemed to set great value; he was never absolutely at rest, but was constantly performing some motion; and this was often varied. He had never been seen asleep. He remained in bed, but his limbs or some other part of his body were in constant motion, or he was playing with a ribbon which he kept in his hand during the day. He sometimes applied it over his eyes, sometimes over his mouth, and sometimes twisted it round his hands. He also took pleasure in binding other people's eyes with his ribbon, in putting it on their mouth, or round their neck; he would then retire to some distance to look at them with apparent pleasure, making a slight noise. He never either dressed or un-

dressed himself, and he required to be treated like a child in this respect. He absolutely refused to eat out of anything except earthenware plates. He sometimes hid his bread in bed, and always seemed to forget that he had done so. He never seemed to desire food, though he ate greedily, even in the presence of others, when hungry. Though he was continually in motion without apparently suffering any inconvenience, it was obvious that he was annoyed if any one forced him to remain long in one position. When a mirror was presented to him, he spat upon it, and refused to look at it; he fled, and got into a passion at those who persisted in presenting it to him; and in this state, and always, indeed, when contradicted, his muscular power was so great that a strong man could not hold him. His pulse, however, was feeble. When pinched smartly he did not seem to feel it, and he had been observed to handle burning coal without apparently suffering pain. He was shown shadows upon the wall by means of a light; he ran to lay hold of them with his hands, and when he found that he had not caught any thing, he got into a rage at himself, and struck himself upon the head with his fist. He would not taste wine, and when he did accidentally take a mouthful of it, he instantly spat it out with disgust. These symptoms were constant and uniform, and to such an extent that no one believed him to be feigning. All believed him to be really in the state in which he appeared; and his actions and conduct were examined by the medical attendants sometimes for hours at once, without their remarking a single trait which could lead them to suspect that the disease was simulated. It occurred to Monteggia to administer a strong dose of opium, to see what effect it would produce upon him, if he really was simulating his disease, in preference to intoxicating him, which could not, indeed, be done, from his aversion to wine, and which

could not, I think, have been justified. Six grains of opium in powder were one morning administered to him in his soup, the whole of which he ate, and Monteggio watched him during the whole day, but no apparent effect was produced by it. Several days afterwards, when upon the point of declaring that he was really of unsound mind, the opium was repeated; six grains were again administered, and six hours afterwards, no effect being produced, the dose was repeated; and in the evening he appeared quite the same as usual. Monteggia had brought some crackers with him, which were exploded near him without his knowing what was to be done, but this occasioned no start or surprise. One of these was applied behind, when he had nothing on but his shirt; the explosion took place upon his thighs without his being affected in the slightest degree. He passed the night as usual, awake. No change was observed next morning; but towards the evening he appeared restless; he surveyed the windows of the hospital with a terrified look; he went to bed as usual, and towards one o'clock in the morning he rose much more morose than usual, sighed deeply, and finally cried out, "*Oh, my God, I am dying!*" Monteggia was immediately called, and found him tranquil, speaking rationally, without the slightest indication of insanity. He affirmed that he had no idea of what had passed, and believed, or affected to do so, that he was still in the prison of St. Angelo. He added, that he fancied he heard people speaking at the windows, who said that poisoned soup had been administered to him for the purpose of killing him. From this time he continued quite well; spoke and acted like a man in the full possession of his reason, and frequently expressed his thanks for having been cured. He remained a month longer in the prison of Milan, and was

then removed to Pizzighettone, and Monteggia heard nothing more of him.*

The case is certainly very interesting, and it is difficult to say whether the disease was feigned or not. Most probably it was; and from his confession of the voices which he heard at the window, speaking of the poisoned soup, it is evident that he had become acquainted with the fact, that some drug had been administered to him, the effects of which he dreaded. On the other hand, the disease, though feigned at the commencement, might have become real, and the opium may have acted as a remedy; yet it is strange that the first dose of six grains should have produced no effect, and that twelve grains did not cause a certain degree of narcotism. If it was a case of dementia, it was one of those which are susceptible of cure; and, at all events, it teaches us a lesson of perseverance when the symptoms are so anomalous as they were in this case, and when motives for simulation are known to exist. In the following case simulation was distinctly proved.

Gerard was accused of having murdered a young woman of the name of Buy, and for which crime he was executed at Lyons, in 1829. Claudine Buy was possessed of considerable property, and had lived for a number of years in the same house. Her lodging consisted of two apartments, which did not communicate with each other, but which opened by separate doors into a common passage. One of her rooms she used as a parlour, the other as a bed-room. The door of her bed-room did not shut securely, the lock being out of repair; and as she was aware of the facility with which it might be forced, she was in the habit of securing the latch at night by thrusting the point of a knife into the wainscoat. Gerard, a daring man of very suspicious character, had lived for

* Annales d' Hygiene Publique, &c. Tom. ii.

a long time in the neighbourhood of Miss Buy, with whose habits and residence he was perfectly acquainted. It appeared that on the evening of the 26th October, he had contrived to pick the lock of her bed-room door, while she was at supper with a young gentleman with whom she was in habits of intimacy. He concealed himself under the bed, and remained there till his victim had retired to rest, until she had lighted a night lamp, and put out her candle. He then left his hiding place; Miss Buy was heard to scream, but this was attributed to some other cause. A violent but short struggle ensued between the assassin and his unhappy victim, during which the curtains of the bed caught fire, which Gerard extinguished with his hands, which were so severely burned that they were not healed two months afterwards. The next morning Miss Buy was found dead in her bed-room. The knife with which she was in the habit of securing the latch of her door could not be found. Gerard took flight, and wandered about the town for several days, and at last resolved to seek an asylum in the hospital for the reception of venereal cases, where he knew that the strictest secresy was preserved as to the patients who were admitted. He took the precaution of entering himself under a feigned name; and at the time he was actually suffering from a venereal affection. He was ultimately betrayed by a mistress. When first arrested and examined, he replied with presence of mind to the interrogatories of the police. But when carried before the judge of instruction, he began to talk irrationally, and to simulate delirium and hallucinations. He at first attempted to feign Mania, but finally assumed the more easily simulated form of dementia and dumbness. He gradually accustomed himself to speak little, and finally he appeared perfectly dumb and stupid. An investigation was instituted by medical men, into the

real mental condition of this man, and the following is the substance of their report:—

Two months previously, Gerard, when confined in the prison of Raonne, ceased to take food, and remained in bed perfectly motionless; did not reply when spoken to, and would hardly move his limbs or body when shaken. He presented a dull, stupid expression of countenance; did not seem to understand what was said; did not utter a single word, or emit a sound, or move his tongue. After remaining for seven or eight days in this state, he began to take food, but continued to present the same stupid appearance as formerly. He remained perfectly motionless wherever he was placed, without seeming to hear, and never speaking. He ate and drank heartily; but nothing could induce him to utter a single word. It was obvious that if there were sufficient inducements in the situation of this man for feigning unsoundness of mind, yet that very simulation might have brought on the disease, which he had begun by feigning. This was the more difficult to resolve as he did not speak, and no knowledge could be obtained of his true state of mind. The first suggestion of the medical men was to engage him in a quarrel with some one, and thereby to attempt to throw him off his guard. This, however, was not put in practice. They resolved never to appear in his presence together; and at the same time to attempt to cure the disease, if it was real, by the administration of remedies which seemed to them most likely to succed, and by the application of the actual cautery. He was informed that he was to be placed in the hospital of the prison, and that his disease would be cured, of whatever description it might be. On three successive days the actual cautery was applied without the slightest result. This was repeated the three following days to a greater extent, and purgatives were at the same time ad-

ministered, equally fruitlessly. They resolved to endeavour to surprise him while asleep, but the noise of opening the doors awoke him. The actual cautery, however was applied. The cautery was had recourse to on the two following days in vain; but the next day, when preparations were making to apply the red hot iron, Gerard made signs of unwillingness to submit to it; and when requested to explain himself,—"I am accused of a crime of which I am innocent," said he, in a loud voice, "and it is said that I am making myself a fool." Thus he proved that he was neither dumb nor insane.*

These cases are highly instructive. They show how easily dementia may be simulated, and how difficult the detection of the imposition may be. It is impossible to estimate the condition of the mental faculties when the person refuses to speak; and when there is simulation of complete dumbness, as in these cases, I know of no better methods to adopt than cauterization, endeavouring to surprise him while asleep, or attempting to throw him off his guard by engaging him in a quarrel. It is not to be supposed, however, that in every instance these means will be effectual; and many have sustained the repeated application of a red hot iron without the slightest result. This application seems more cruel than it really is; and besides, some can bear pain with much more fortitude than others.

A man was admitted under my own care, several years ago, into the surgical wards of the Royal Infirmary of this city. He was brought to the hospital and left, but no account of him was given by those who conveyed him to the house. He was in a state of apparent insensibility. The young gentleman who acted as my clerk at that time,

* Annales d' Hygiene Publique, &c. Tom. ii.

had his head shaved, but no mark of external injury could be discovered. His pupils, respiration, and pulse were natural; he had no paralytic affection; he ate when food was presented to him, but he never spoke. He was exceedingly restless; tumbled out of bed upon the floor; was very noisy; and passed his stools and urine in bed. He continued in this state for a number of days, during which he was treated as if for a real cerebral affection. He was bled from the arm; leeches were applied to the head; he was cupped; and his mouth was made sore by mercury. I suspected from the first that his disease was feigned, and I became convinced of it from the want of effect of the remedies had recourse to; at the same time that he did not exhibit any symptoms of physical disease. I ordered "a red hot iron to be applied to his neck," in hopes that the prescription might frighten him into health. He bore the repeated application of the cautery without the slightest effect. A variety of means were had recourse to, to irritate and surprise him, but without success. He was kept under the influence of nauseating doses of ipecacuan, at the suggestion of Dr. Balmanno, for several days, without any result. The weather was excessively cold, and it occurred to me to try the shower bath. He was extended under the bath, and a copious shower of ice-cold water was allowed to fall upon him from a height. He seemed to suffer excessively from the shock. Next day he made a confused attempt to speak to me, upon which I remarked that the shower bath had produced a most wonderful effect, and ordered it to be repeated night and morning in the same manner. I had scarcely left the ward when he got out of bed, dressed himself, and walked out of the hospital apparently quite well. I never discovered the object of this man's simulation,—most probably it was to withdraw himself for a time from the attention of the police.

But it does not necessarily happen, that all those who simulate dementia affect perfect dumbness, as in the instances which I have just related, but such a degree of weakness of mind, of dissociation in their ideas, of failure of memory, and childishness in their pursuits, as, if real, would clearly infer irresponsibility. The mode of aggression of the affection, the causes to which it may be referred, the physical condition of the individual, and a sustained cross examination, the inconsistencies which will most probably become apparent, the caution, which will upon some occasion be forgotten, will, for the most part, be sufficient to prove to us that the disease is not real. The want of accordance between the intellectual and physical condition, is of itself an important circumstance, and which should lead us to suspect that the disease is feigned. The incoherence of ideas in real dementia, which is the consequence of the causes which I have already mentioned, is for the most part accompanied with difficulty of articulation, irregular movements of the body, the impossibility of arresting the attention so as to perform the simplest mechanical act,—such, for example, as pressing your hand upon being requested to do so, keeping their eyes shut for a length of time, or of remaining in one position; and in addition to these, there is frequently a tendency to general paralysis. When all these circumstances are thus united, it is almost impossible to suppose that the disease is feigned. To simulate all these symptoms, would be exceedingly difficult, if not impossible, even for the most artful; and to attempt to maintain the deception for any length of time, would certainly be beyond the power of any one, without falling into inconsistencies, or forgetting his part.

It deserves to be noticed, however, that we are not to suppose that the disease has been feigned in every case in which the incoherence of ideas, the stupidity of the patient,

and the deterioration of mental powers do not make a gradual and downward progress. It may be one of those cases which are susceptible of cure; but in the great majority of such instances, the causes of the temporary suspension of intelligence will be known. It is chiefly in those cases in which the disease has its origin in moral causes, in sensual indulgences, in the abuse of intoxicating liqours or narcotic drugs, in disease of the brain which has not resulted in permanent disorganization, in physical disease which is capable of being removed, and in the early years of life, that a cure is capable of being effected. When dementia is complicated with long continued mania, or monomania, with organic disease of the brain, or incurable disease wherever it may be seated, to which its origin is to be ascribed, and with advanced age, a cure is out of the question.

The opinion of the medical jurist may sometimes be required as to whether a person at an advanced period of life, or who has suffered from some of those causes which weaken the intellectual faculties, be capable of acting as a witness. In the great majority of cases of confirmed dementia, the patient would be utterly incapable of acting as a witness. He would not in all probability know what was done or said in his presence; and even if he was for a moment conscious of what had taken place, it would so soon escape from his memory that he could not repeat what had occurred. But in this condition the attention is so depraved, that they are unconscious of surrounding objects, and might not even be able to state, the next moment, any transaction which had taken place. Though in dementia the memory be peculiarly treacherous, and recent impressions can hardly be said to be forgotten, because they never have been known, yet there are many instances, as I have already observed, in which this faculty is pretty correct in reference

to long gone by occurrences, such as were treasured in the memory when the faculties were entire; and the patient may be able to describe what happened in times long past, when he could not relate the events of the last hour. Such a patient, however, could not be received as a witness, because we have no means of knowing that his recollection is accurate. That is, we could not trust to its being so upon his own testimony, and if it were corroborated by circumstances, and by other witnesses, it might then be unnecessary. But if the ends of justice required the corroboration of the testimony of such a witness, and if his statement corresponded with other circumstances, and other testimony, perhaps it might be received. There is little chance of such a person falsifying. What he does state he will believe to be true. It is important, however, that the fact to which he is called to bear witness should have occurred before the commencement of his intellectual decay. Of course, such a witness could not sustain a cross examination; and it might be improper to administer an oath, without which his evidence could not be taken. But the intellectual faculties may be so far impaired, the senses of the individual may have become so obtuse, that on these grounds his testimony may be objected to. Of course a person can only be a witness to what he has had the means of becoming acquainted with and remembers; and we may be so satisfied of the want of integrity of the powers of the mind, and of the failure of the senses, that we may be justified in giving it as our opinion, that the individual could neither hear nor see what it is asserted he has seen or heard, and that he could not know what it is stated that he does know. Our opinion of course will be derived from the estimate we form as to the state of his senses, and the integrity of his intellectual faculties, which we shall have little difficulty in ascertaining by our intercourse with him, as he will not, in all probability,

attempt to deceive us; and indeed he will be unable to do so. There are instances of intermittent loss of memory. Chiarugi mentions a case of a person who lost his memory in summer, and regained it in winter.

It is unnecessary to state, that a person labouring under dementia cannot be held responsible for any crime which he may commit. The only crime of which such a patient is at all likely to be guilty, is paltry theft. The patient is not only deprived of his mental faculties in a great measure in dementia, but the passions also are extinguished. Such a crime as murder, in this disease, may be held to be impossible. A certain degree of excitement attends many cases of dementia, particularly such as have been preceded by the more acute forms of mental alienation, but it is rarely so violent as to lead them to acts of outrage. The patient has no violent desires to gratify; he has no passions to overpower him; on the other hand, theft is by no means unfrequent. They have a very imperfect sense of right and wrong; they are incapable of distinguishing between what belongs to themselves and others; and they have frequently very strong acquisitive propensities, laying hold of, and hoarding up every thing upon which they can lay their hands, without regard to the quality of the objects, or their value. Indeed, the quantity of useless articles they accumulate in the course of time, is truly astonishing. It must be remembered, in those cases in which dementia alternates with epilepsy, to the paroxysms of which violent mania so frequently succeeds, that during these violent accessions the patient may commit murder; but these cases are devoid of all difficulty, the history of the case will be sufficient to indicate its true character. If a person labouring under this disease should be the means of communicating fire to a house, it would be from inattention, from carelessness arising out of the defective state of

his intellectual faculties. It seems only necessary farther to observe, in reference to this subject, that dementia cannot be concealed.

CHAPTER VII.

IDIOCY.

IDIOCY is a congenital condition of the intellectual and moral faculties, in which their development has been rendered impossible on account of abnormal organization of the brain; or their manifestation has been arrested by disease in the early periods of life, before education and experience had developed them. Like dementia, it implies a defect of the mental powers; but in the one case they have at one time existed, in the other they never have. The application of medical jurisprudence to idiocy would be an exceedingly simple task were every person who is born with a defective understanding, and an imperfect moral sense, totally deprived of every ray of intelligence, and of all those faculties by which knowledge is acquired; and if he had not the most distant conception of right and wrong. This, however, is very far from being the case. An individual may be very deficient in intelligence; he may be almost incapable of profiting by instruction; his understanding may be far below the average of that of those who have received no education whatever, and yet it may not be obvious at first sight that he ought not to be considered a perfectly free agent,—who should not command the control over his own person and affairs, and be liable to punishment for whatever crime he may commit. A person may grow up with a very limited

share of intelligence, and he may be capable of profiting by instruction, to a limited extent, and yet he may be of so weak mind that it is obvious he could neither conduct himself nor manage his own affairs in a satisfactory manner; and there are many who approach so near the average of the lowest degree of intelligence of those who have always been considered of sound mind, that the medico-legal consequences of idiocy, or more properly speaking, of imbecility, are exceedingly difficult to estimate.

It will be sufficient for our purpose to consider this form of unsoundness of mind under two varieties,—*Idiocy* and *Imbecility*, which are essentially the same, differing only in the degree of manifestation of the intellectual and moral faculties. Idiocy is the result of a defect of organization, and it is impossible to describe the various shades of imperfect intelligence by which the defective development of the brain is indicated. There are many instances of such complete idiocy that no vestige of intelligence can be discovered. They are incapable of being taught the most simple thing. They do not possess one mental faculty. They have not the means of becoming acquainted with external objects. They are deaf and dumb, or they hear indistinctly, and can hardly utter a sound. They are blind, or they see imperfectly, and the other senses of taste, smell, and touch, are equally imperfect. When to these defects of the organs of sensation is added a corresponding one of the powers of the mind, perhaps, as a necessary consequence, individuals thus imperfectly endowed are totally incapable of being instructed. Idiocy is not characterized by illusions or hallucinations, but by an entire defect of all the elements of mind; by want of those channels through which an acquaintance with external objects is acquired; and of those faculties through which the rational man exhibits his powers of intellect, of

memory, of reflection, of reason. The idiot is sometimes so absolutely deficient in intelligence that he is even incapable of performing the commonest animal offices. He may be unable to distinguish one person from another. He may be incapable of dressing, undressing, or even of feeding himself, and may require in all these respects to be treated like an infant. He may not be gifted even with the instinctive knowledge possessed by the lower animals. Such absolute want of intellect is for the most part accompanied by peculiarities in the physical appearance of the individual, which are as characteristic of idiocy as imperfect intelligence itself. Thus it is observed, that they are rickety, scrofulous, paralytic, subject to convulsions and epilepsy. The head is preternaturally large, or it is unnaturally small, or it is deformed, presenting peculiar elevations and depressions, or it is larger in one hemisphere than another. The forehead is very short, or very low, or very narrow. The features are for the most part coarse and irregular, the motion of the eye convulsive, the lips thick, the mouth open, from which the saliva is constantly flowing. The gums are spongy, the teeth bad or irregularly set, and there is a general want of symmetry of the organs of the body, particularly of those of sensation. The general figure is heavy and awkward, the motions slow, and performed with difficulty, or by sudden jerks. The Idiot may be quite incapable of uttering a sound, or he may be able to speak a single word only. There may be some one thing which he can do, but nothing else. He may possess a single simple idea, but no more, which he expresses by the only word which he can articulate, or by some motion, or by an inarticulate cry. What little endowments he does possess are from instinct, not acquirement; he is all that he ever was, all that he ever can be.* The

* Esquirol.

medico-legal consequences of this condition are too obvious to require a word of comment.

Imbecility is a condition in which there is limited manifestation of the intellectual and moral faculties, the consequence of imperfect organization, or in which the development of the mental powers has been prevented in consequence of some disease of the brain, in the early periods of life, before education and experience had produced their proper results. It is idiocy, in short, in a minor degree. The organs of the senses perform their functions more or less imperfectly; the intellectual faculties are more or less developed. They are capable of being slightly improved by instruction. Such persons possess sensations, ideas, and memory to a limited extent. They are influenced by passions; they are capable of entertaining affections and desires; but they perceive indistinctly, and reason imperfectly.

Imbeciles, says Esquirol, are generally well formed. Their organization differs but little from the normal state; they enjoy intellectual and affective faculties, but in a weaker degree than the perfect man: and these faculties can only be developed to a certain extent. Whatever education they may receive, they can never be raised to the height of reason, to the extent and solidity of knowledge which their age, education, and social position should permit them to attain. Placed under similar circumstances with other men, they do not make the same use of their faculties. Imbeciles not only possess imperfect faculties, and imperfect means of acquiring information and instruction, but they are incapable of applying such imperfect faculties as they do possess. They are incapable of directing and arresting their attention in the usual manner; their memory and judgment are therefore limited; they have not the energy and application of other men; and though

they may possess some of the simpler elements of mind, they are unable to form abstract notions. Many, however, possess an aptitude for some particular pursuit. It is their solitary endowment. They may be taught, and so far perfected in that one thing, but nothing else; and when this is performed with tolerable accuracy, a most erroneous inference is sometimes deduced from that circumstance,—that they are capable of doing whatever else they choose, with equal correctness. This is not the case; and it is this capability of partial instruction only, which distinguishes them from men of limited natural understanding. Their moral powers are equally limited. Some, however, are susceptible of ardent affections; but these are for the most part confined to a single object. They are incapable of any general and expansive emotions of love. Their affections are those of instinct, and they are all devoted to one person, or one object. These are not confined to their own species, but are frequently devoted to the lower animals. They are, for the most part, very easily imposed upon; they have little will of their own; they are exceedingly credulous and timid; but in other instances they are obstinate, quarrelsome, mischievous, and passionate. It deserves to be remarked, that there are great varieties in the degree of perfection of the intelligence of those whose mental powers have been arrested as it were, by defect of development; and minute divisions of imbecility have been attempted, which have had the effect of confusing, rather than of elucidating the subject. Esquirol has with reason, as it appears to me, objected to the capability of education of idiots, as a criterion of the varieties of the affection, and substitutes that of speech as a preferable characteristic. "Speech," he says, "is the essential attribute of man, and has been given him to express his thoughts, speech being most constantly in connexion with

the intellectual capacity of idiots, affords a proper criterion of the chief varieties. In the first degree of imbecility, speech is easy and unaffected; in the second degree it is less easy, and the vocabulary more limited. In the first degree of idiocy, properly so called, they can only articulate words or short phrases. Idiots of the second degree only articulate monosyllables, or cries; and in the third degree of idiocy, there is neither speech, nor phrase, nor word, nor monosyllable."* Speech, in short, when there is no organic defect of voice or hearing, is the index of the intellectual capacity, of which it is the essential instrument.

MEDICO-LEGAL APPLICATION.

It is with imbecility alone that the medical jurist has to do. In those cases in which intelligence is so limited that the person is unable to express himself, or rather in which he has no ideas to express, in consecutive words, all doubt as to his capability of performing the social duties is at an end. Such cases are free from all difficulty. They are unable to take care of their own persons, and of their property; and if they should be the means of doing injury to others, it is an accident which is to be regretted, but they are free from the legal consequences which would attach to men of sound mind under similar circumstances; and, fortunately, no doubt can arise upon the question. But when we come to consider the legal consequences of imbecility, properly so called, of those cases in which the individual is not so entirely devoid of intellect that he is incapable of receiving some instruction, in which he has been known to discharge, in an imperfect manner, some of the duties of life, we have a far more difficult task to encounter, and

* Esquirol, des Maladies Mentales, tom. ii.

one which, unfortunately, has not unfrequently been improperly executed.

The imposition of personal restraint upon these patients is seldom necessary, and would frequently be far from being justifiable. It can be necessary in those cases only, in which they display vicious propensities, which is sometimes the case, and they may require personal control, for the safety of others as well as their own comfort. But if they be perfectly harmless, and if those who are thus partially endowed with intelligence should have any objects of regard, if there be any thing upon which they have placed their affections, and if there be any thing in which they take delight—to deprive them of these pleasures, and separate them from the objects of their affections, when we are almost certain that they can form no other attachment, and adopt no new occupations, would be cruel in the highest degree, and without a conceivable object. In cases of disease, it is altogether different. The disease we may hope to cure; in this instance such an expectation is out of the question. The imbecile is what he has ever been, and what no treatment will ever render other than he is. When they do exhibit mischievous propensities, if they be irascible, thieves, or display strong animal appetites, which they not unfrequently do, our obvious duty is to prevent them from indulging their vicious inclinations to the injury of others, by having them placed under proper surveillance.

The question of the interdiction of imbeciles involves greater difficulty, and requires a fuller examination. A man can only be justly withheld from the management of his own affairs, if his mind be so weak, his understanding and knowledge so imperfect, as that they must necessarily run to waste under his unassisted control. It is not enough that he may be incapable of improving his worldly means so well as another man would, in all probability, do. One

man may be placed in more favourable circumstances than another for accomplishing this; he may pay greater attention to his worldly interests, he may attach greater importance to them; but it is in those cases where so limited a share of knowledge of the most common affairs is possessed, where the intellect is so weak, and the individual necessarily so ignorant of the world and its concerns, that no result except ruin to himself and dilapidation of his fortune could ensue from his independent management; and when we are certain that no education and no instruction could remove the defective understanding of the individual, we are justified in giving an opinion that he should be interdicted from the management of his affairs. But besides, a man may not only be properly suspended from the management of his own concerns, on account of his irremediable incapacity, the consequence of imperfect organization, but this may properly enough be done on account of his facility of disposition, which lays him open to be imposed upon by the designing, It may seem an act of cruelty to interdict a person of weak mind, unless that imbecility be very obvious; but it is infinitely worse to permit him to be defrauded. Imbeciles are easily flattered; they are easily persuaded; and they are no less easily terrified into compliance with the wishes of others, even though their intellect may not be so feeble as to prevent them from being aware of the consequences which result to themselves. Though I think these principles are correct, it is always exceedingly difficult to reduce them to practice. When such cases come before a court of law, there is always much contradictory testimony as to the capacity of the individual. One man tests one faculty, the memory for example, and finding that pretty entire, which in many cases of imbecility it is found to be—and it appears more perfect than it really is, from contrast with

other imperfections—hastily concludes that all the rest are equally perfect. No inference can be more erroneous, as a very limited intercourse with persons of weak mind is sufficient to prove. Another, finding an individual destitute of memory, or of some other faculty, as hastily concludes that he is completely idiotical, and incapable of any intellectual effort whatever; and it having been proved that the person had performed such acts as must have required intellect to accomplish, the evidence of the witness is discredited altogether, and an opinion arrived at, as to his mental capacity, which the real circumstances of the party do not justify. Now a correct opinion can only be formed as to the intelligence of a person, presumed to be of weak mind, by an examination of all his faculties; and the conclusion must be the result of a just appreciation of his general knowledge of affairs, how far his imperfect faculties would prevent him from attending to his own interests, not in the manner which would insure their most profitable application, but in such a way as would prevent him from being involved in ruin. And it is a great justification to the medical jurist to give an opinion that the individual ought to be interdicted, when he knows that this has been done already, though in an irregular manner, by his habitual submission to the dictation of others, either from long habit of being controlled, from indifference, or fear. The very submission which he has borne, the control to which he has been subjected, is a proof, so far, of weakness of mind; and it is certainly to be desired that the conduct of such a person's affairs should be under a legal sanction.

When we proceed to examine the mental capacity of any one whom it may be proposed to deprive of the management of his property, our first duty is to learn what he has been taught, what instruction he has re-

ceived, and how far he has profited by his education. Nothing can be more foolish than the questions which are sometimes put, or more erroneous than the inference sought to be deduced from the answers. It is no proof, for example, that a man is of weak mind, because he is ignorant of that which he has not had the means of acquiring—of arithmetic, for example,—we should first ascertain if he was capable of being taught it; many are capable of performing mental calculations, which they cannot reduce to figures in the usual manner, and who have conducted large concerns without apparent injury to their means. To show how necessary it is to extend our examination to a variety of subjects, I shall quote the evidence of two medical witnesses in a recent case: such contradictory testimonies must be exceedingly embarrassing to juries, for according to one gentleman the individual is a decided imbecile, quite incapable of managing his affairs; while from the testimony of the other, one would suppose him to be of perfectly sound mind. The testimonies were given in the proceedings under a brieve of idiotry in the case of a man of the name of Yoolow, by Dr. Christison and Dr. Robertson of Edinburgh.

Dr. Christison.—"I was lately called on to visit David Yoolow, and visited him yesterday. I was with him first for about ten minutes; and, after an interval of about fifteen minutes, I was with him again for about half an hour. He is labouring under bodily defects. He is subject to irregular muscular actions, apparently arising from a want of power to direct the muscles to the object he seemed to have in view. There has been partial paralysis of the fingers and arms; but I did not examine particularly the extent of this. There was a convulsive motion of the features, and a rolling of the eyes, especially when excited. I more particularly directed my attention to the state of his mind. I had such a detail and length of conversation

with him, as to satisfy myself in regard to the state of his mind. I am of opinion that he labours under a great degree of imbecility, and is unable to manage his affairs. My opinion is grounded on various circumstances:—First, His replies to certain ordinary and simple questions, on points that ought to be within his comprehension. On the second interview, I asked him if he took any interest in farming matters. He said, Yes; but he could not go out. I said, 'You are told what is going on?' He answered, 'Whiles,' (sometimes.) Then I asked him how many lambs he sold last season, to which he said, 'he did not know;' but I thought that was a matter he ought to have known, being a farmer. I asked him, 'Suppose you got twenty shillings for each of your lambs, how much would that be a score?' He turned to a female servant, without whose presence, we were informed by Charles Scott, he could not stand any examination, and said to her, 'Would that be twenty pund?' (pounds.) The servant said, 'You should not ask me.' He then turned to me and said, 'Would not that be twenty pund?' On every occasion when he seemed to be in the least at a loss for an answer, he turned to this female servant, and applied to her for an answer. She always replied, 'You should not ask me, master, but answer yourself.' When he did answer readily, it was in the shape of a question to me, and immediately afterwards he turned round to the servant. I asked him, 'Suppose your shepherd should take a score of sheep to the market and sell four, how many should he bring back?' He answered, 'Would not that be sixteen?' I said, 'Being a farmer, you can tell me how many bolls of wheat would afford a good return per acre?' He said, 'No: for we had very little white crop last season.' I asked him, 'How much wheat should be used per acre in sowing?' To which he answered, 'A boll.' Then I asked him, 'What

would be a good return?' He answered, 'Twa (two) bolls;' and this he repeated, on being asked the question again, and said, 'It would be a very good return.' He was then asked, 'How many horses were on the farms?' To which he answered, 'Four on the one, and five on the other,' which I understood to be correct. He was then asked, 'How many acres the farms consisted of?' To which he answered, '230 acres.' He was then asked, 'How many yoke of horses would be required to work the farms?' He could not tell. I asked him, 'How many pounds a hundred guineas made?' He then turned to the servant, and said he 'could not tell;' but immediately he said, with seeming pleasure, 'I can tell you how much a guinea is—a pound and a shilling.' I then repeated, 'How many pounds more than a hundred is a hundred guineas?' He said, 'I cannot tell you how many more or less.' I asked him then what interest he got for his money in the bank? He answered, 'Twenty pounds.' I then asked him, 'Whether that was for the year or half-year?' and he answered, 'Oh! for the year.' 'And what money have you in the bank?' He answered, '£1200.' Then Mr. Symmons asked, 'How much that was the hundred?' He said he could not tell; and added, that he was 'no good hand at arithmetic.' I asked if he ever read the newspapers? He answered, with seeming pleasure, 'Oh, yes.' I asked, 'Are you a great politician?' He answered, 'I never meddle with politics.' I asked him if he 'knew who was prime minister just now?' He thought a little, and then answered, 'No: but I can tell you fine who is king—it's King William;' and this was said with seeming pleasure, which appeared childish. I said, 'Although you do not meddle with politics, there are some branches of them which, as a farmer, you should know about; for instance, what is your opinion of the Corn Bill?' He

answered, ‘ I ken naething about that.’ I asked, ‘ What is it intended for?’ He answered, ‘ To sell the corn, I fancy. He was asked regarding the price of wheat, and he could not tell. Who sold his corn and cattle for him? He answered, ‘ Charles Scott.’ ‘ When Charles Scott comes from selling your corn and cattle at the market, does he tell you what they are sold for?’ He hesitated for a considerable time, and then said, ‘ Whiles,’ (sometimes.) ‘ Do you ever take notice of the price, or find fault?’ He at first hesitated, and then said, ‘ No;’ and afterwards added, “ I am aye content when Charles Scott kens.’ A long time was spent in putting these questions in a simple manner, and repeating them, so that he might understand them. Another question was asked him, ‘ What do you feed the sheep upon when snow is on the ground, as at present?’ To which he answered, ‘ Neeps (turnips), I’m thinking.’—From the tenor of this conversation, Do you think Yoolow is capable of buying and selling, or entering into any ordinary transaction? Certainly not. I asked if he gave any direction about the farm? He answered, ‘ No.’ —What are the other circumstances on which your opinion of his incapacity rests, besides the above? His expression of countenance, which was such as I never saw in any man who was not considerably imbecile; and also, the irregular movements of his arms, and limbs, and face, which though by themselves of less importance, yet, when taken along with the other circumstances, indicate the state of mind I have described; also, his apparent dependence on others for keeping him in an even train; and lastly, and chiefly, his easy excitability, and the apparent complete overwhelming of what mind he has when in that state. —What was the cause of his excitement when you first went to call for him? It was either our arrival, or the conduct of Charles Scott, or both. Charles Scott’s conduct

was in resisting my entry into the house, though I told him who I was, and that I had a note from Mr. Kerr, Yoolow's agent, which I exhibited. The note is in these terms, " Charles Scott will be so good as give Dr. Christison free access to David Yoolow. (Signed) CHRIS. KERR.' Scott said I could not be admitted, as Yoolow was then at his reading, and could not be disturbed then. Dr. Anderson was present, and said, he would speak to Yoolow and get me admitted; and afterwards returned and said we would be admitted. We then went into Yoolow's room, followed by Scott, who, in a loud voice, said, 'You cannot disturb him at his reading, and you cannot at present ask him any questions.' Yoolow had at this time a book before him, and turned round obviously alarmed at our presence. He ceased his reading. I put questions to him softly in order to compose him, but Scott instantly interposed, and said, 'He cannot answer you questions while he is at his reading.' Yoolow did not check Charles Scott, but when he went out, Yoolow called for him. From this I infer, Scott had a control over him. I then told Scott he had interfered too much, and it was not for his interest to do so. He then ceased for a time to interfere. I then asked Yoolow (who had the book still in his hand) to read a little, with the view of composing him. He read aloud for a little. I did not understand what he was saying, but on looking over the book I was satisfied he was reading tolerably correctly. The book was a Catechism— I asked to see it, and he did not answer me. I tried to take it out of his hands, but he resisted very violently. His resistance was like a child refusing to part with a play-thing, but he showed no bad humour. Scott then interfered again, saying, 'you must not interrupt him while reading; he cannot answer any questions till he has done reading, and then he'll answer questions.

After another altercation between us, Yoolow said to the female servant, 'Take them out.' The servant said 'they will go if you order them.' Yoolow then said, 'then I order them.' In consequence of what Scott had said, that Yoolow would not answer till his reading was over, we left the room. I attached no importance to what Yoolow said, as the order he gave was put into his mouth by the female servant, for he had not previously expressed any disapprobation of our presence, or any wish that I should leave the room. Nothing at this interview occurred calculated to excite a man of sound mind. Yoolow suggested no subject of conversation, except, that upon the second interview he asked me to draw near the fire; and upon our going away, and my shaking him by the hand, and wishing him good night, he said, 'I hope, gentlemen, you will take no offence, and that this will not injure me.' I did not explain to him the reason which led me to visit him, or that there was any trial depending, and I do not know whether he understood it or not. An uncommon degree of memory sometimes accompanies persons of unsound mind, particularly memory of the contents of the Scriptures, which I was informed Mr. Yoolow possessed. It was partly on that account, and partly because I was otherwise satisfied he was of unsound mind, that I refrained from asking him any questions upon the subject of the Scriptures. From all I saw and heard, I have no hesitation in giving it as my unqualified opinion, that he is of unsound mind, and from that cause incapable of managing his affairs."

Dr. Robertson.—"I visited David Yoolow to-day, and I endeavoured to satisfy myself as to the state of his mind, whether sound or unsound. I conversed with him on various subjects, bearing on his memory, his judgment, his powers of comparison, and his habits of life. The

general result is that his memory is good,—his powers of comparison are good, but his means for drawing comparisons are, from the habits of his life, not equal to those of the generality of men. By his habits of life, I mean his seclusion and want of experience and intercourse with the world. His attainments are therefore limited. He has a good capacity for receiving information, and a memory to retain it. In testing his powers of comparison, I put questions to him,—for example, comparing the value of the Apocrapha with that of the Old and New Testament; the relative punishments likely to follow according to the knowledge of good and evil; and in regard to money matters. He understood money matters very well. I asked him the meaning of a receipt? He answered, it was a discharge for sums paid. I asked him what was the use of a receipt? He said, it was to prevent a second demand being made for payment. I asked him what would be the effect if I destroyed a bank note? He said, you would be a loser. I asked him what effect it would have upon the bank? He said, the bank would be gainers. I asked him what was the meaning of being a cautioner? He said, it was being a guarantee for another's debt. I asked him, if the principal could not pay, what would happen? He said, if the cautioner could not pay, he would be put in jail. I asked him if he could count money? He said he knew little of arithmetic, he had never been taught it, but he could try it; and he did perfectly correctly some operations in addition and subtraction, proposed by me at random. I asked him, if he showed me a sample, was he bound to give the same article in the stock? He answered, yes. I asked him what would be the consequence of his not doing so? He said, he would be cheating. I asked him, if two things were given in exchange, not of equal value, what would take place? He said, something must

be given to boot. Was the conclusion you came to, that the man was fatuous or an idiot? No: but the reverse. What I mean is, that he has all the capability of acquiring knowledge, but has not had the opportunity. By fatuity and idiocy, I understand the want of power and capacity to acquire knowledge. When I was with him, Dr. Bell, and Mr. Kerr, and a female servant were also present. Mr. Kerr put some questions, but I pursued my own line of examination, and formed my opinion from the answers which he gave."

The discrepancies of the testimonies of these gentlemen are very remarkable. I do not pretend to say who was right. They could not both have arrived at a sound conclusion; and it is perhaps not too much to say, that the course of examination adopted by both was too narrow. I may remark, that I have always regarded any comparison attempted to be made between the defective intellect of imbecility, and the perfect intellect of uneducated and inexperienced childhood, as peculiarly objectionable, and inappropriate as evidence of mental weakness. No just comparison can be instituted between them, as a very slight attention to the subject will sufficiently demonstrate.

The discrepancies of medical witnesses in similar cases, are unfortunately too frequent for the credit of the profession. A difference of opinion may very well occur from opposite views of a question being entertained; but it arises, in a great measure, from the appointment of medical witnesses by the parties themselves. A man, even unknown to himself, with the purest intentions, and most perfect rectitude, insensibly leans to the side upon which he has been employed. He is disposed to find that party in the right, and draws conclusions too hastily, from premises too narrow. But the difference of opinion in the

case under notice must have arisen from another cause, which, in similar instances, it is proper for the medical jurist to remember. Persons of weak mind are easily irritated; they are easily persuaded that they are ill used and persecuted; and when in the presence of those whom they suppose inimical to their interests, they lose the command of what little intellect they possess, and are incapable of answering questions which, in their ordinary state of composure of mind, they could do with perfect accuracy. It is clear that Yoolow was led to believe that Dr. Christison was his enemy, and Dr. Robertson his friend, with whom he was more at his ease, and capable of using what faculties he did possess. A variety of other evidence, both professional and non-professional, was given in this case, and the verdict of the jury was, that Yoolow was of sound mind.*

In examining the result of such cases, it can hardly fail to strike one that there seems a repugnance on the part of juries to interdict persons of decidedly weak intellect. They seem to take the case of the individual under their peculiar care. He becomes the object of their sympathy; while they forget that they are perhaps doing him the greatest injury they could possibly inflict upon him.

Testamentary deeds are not unfrequently disputed on the

* One of the counsel, in addressing the jury in this case, said, "I have read somewhere, that the following beautiful lines are ascribed to an *Idiot!*"—

Could we with ink the ocean fill;
  Were the whole earth of parchment made,—
Were every single stick a quill,
  And every man a scribe by trade,—
To write the love of God above
  Would drain the ocean dry;
Nor could the scroll contain the whole,
  Though stretched from earth to sky!

ground of the imbecility of the testator. This occurs less frequently, from obvious reasons, on account of such absolute deficiency of understanding as would prevent him from knowing in what manner his property had been disposed of, as on account of the facility of disposition, the attendant upon intellectual deficiency, the deed has been executed under undue control, from persuasion, flattery, fear, or all combined. In these cases the evidence is, for the most part, exceedingly contradictory and embarrassing. Upon this subject I have nothing to add to the remarks which I have already made upon the subject of depriving an imbecile of the management of his affairs. The grounds upon which our opinion should be formed are in both cases the same. There are cases, however, in which persons of weak mind are exceedingly easy to take offence; and they might make an unjust will while under some temporary pique, or irritation. I have occasion to see an imbecile occasionally, who would be perfectly incompetent, in my opinion, to make a valid disposition of his property, and who attaches great importance to a little means which he possesses, and who, upon the slightest cause of offence, is anxious to dispose of it by will, to the exclusion of the friend who he thinks would inherit it, if he has offended him. The reader is referred to the recent cases of M'Kenzie *v.* Roy, and the equally contradictory evidence in the great will cause which has been so frequently before the courts in the north of England, for examples of the difficulty with which cases of disputed wills, on account of facility of disposition, and habitual submission to control are almost invariably attended.

Imbecility is frequently imputed, as we have just seen: it cannot be concealed; and it is hardly possible to feign it successfully. The history of the case effectually prevents this. A person may affect a degree of imbecility of

mind to accomplish some end he has in view thereby; but if he has at one time been in possession of the average degree of intelligence, then it is a case of dementia, and falls to be considered under that head. A real imbecile may attempt, for a short time, to aggravate his condition, but he could not sustain the character for any length of time, and the detection would be easy indeed.

Imbecility is frequently offered as an exculpatory plea in cases of crimes, such as murder, fire-raising, theft, &c. Murder is committed by those of deficient intellect and moral debasement from various causes,—from ignorance so gross as prevents them from knowing the effect of the act which deprives the person of life—from not knowing what death really is—from the irascibility to which they are subject upon provocation, and the feeble control they possess over their roused passions, as well as from motives which would be regarded as the usual incentives to such a crime in persons of sound mind—from appetites which they wish to indulge, and which murder seems to furnish the means of gratifying.

Esquirol has quoted a case from Haindorf, of an idiot confined in the hospital of Saltzburg, who did not seem to be susceptible of fear. It was resolved to try if he would betray any of this emotion at the sight of a man who was to simulate death and revive in his presence. With this view, a man was stretched upon a board, and covered with a shrowd, and the idiot was set to watch the dead. Observing that he made some motion, the idiot told him to be quiet. The pretended dead man rose; the idiot got hold of a hatchet, and cut off one of his feet; and without being arrested by the cries of the man, he cleft his head by a second blow, after which he remained quietly beside the now really dead body. When reproached with what he had done, he coolly said, that if

the dead man had lain still he would not have touched him.

Gall mentions the case of an idiot who killed two of his brothers, and came laughing to his father to tell him what he had done.

Harder has related the case of an idiot who cut a man's throat in imitation of what he had seen done to a pig.*

I remember to have read somewhere of an idiot who cut off a man's head with a blow of an axe, as he lay asleep, and who immediately went and told his neighbours that he had hid the man's head where he would not soon find it. This he had done in imitation of some slight deception they had been in the habit of practising upon himself, by pretending to take off his head, and to put it on again.

Such cases are of frequent occurrence, and are free from difficulty in a medico-legal point of view. Those cases where they have committed murder from irritation and thoughtless provocation are equally numerous, and equally easily disposed of. But it is in those instances in which murder has been perpetrated by persons of confessedly weak mind, in which the act seems to have been in some measure connected with the usual incentives to crime, that the utmost difficulty is experienced by the medical-jurist, and in which, I fear, an erroneous verdict is not unfrequently pronounced, and a useless punishment inflicted. The criterion of responsibility, that of a moral perception of right and wrong, would be correct if it were applicable. It is not to be presumed that the moral sense is perfect when the intellect is weak, and has never been developed; and besides, we have no means of knowing that the individual really has a distinct sense of what is right and what

* Esquirol.

is wrong, though he may acknowledge the distinction in words which he has been taught, though he does not feel their influence: and the probabillty is, that the fear of punishment, and not the sense of right and wrong only prevents him from committing any crime to which his inclinations and desires may lead him. This, no doubt, is just the condition of a real criminal of sound mind; but the difference lies in the respective powers which they possess of controlling these desires and inclinations, as well as in their knowledge of the criminality of the act.

When an imbecile person commits the crime of murder, it is a fair inference that his moral sense is imperfect, and the control over his propensities very slight. Our opinion of the responsibility of a person of acknowledged defective parts will be formed from personal intercourse—from the history of his life—from the circumstances connected with the commission of the crime, rather than from abstract notions of what his perception of right and wrong may amount to, which it is nearly impossible, I think, to know. We should ascertain what education he has received; of what kind the instruction has been; and what progress he has made in the usual acquirements. We should find out whether or not he has displayed mischievous propensities during the course of his past life; whether or not he has been irascible and sensual, as well as the provocation he may have received. The history of the mode in which the crime was perpetrated it is always of importance to ascertain. Taking precautions to ensure secrecy in its commission, and safety afterwards, are important elements in the case. If the crime has been committed to facilitate the perpetration of another; and when an artful story is fabricated to free himself from responsibility, and attach it to some one else, these are all circumstances which seem to infer such a degree of intelligence and of moral per-

ception, as should fairly render the individual responsible in the usual manner. They clearly show that he was aware of the criminal character of his act, and of its consequences; but it will frequently happen that the very precautions he has taken to avoid detection, are the means of betraying him, and the line of defence which he has adopted leads to his conviction.

That there are instances in which persons of really weak intellect should be punished for their actions, I am not disposed to deny; at least, in so far as that they should be prevented from committing fresh crimes; but in no case can it be proper to inflict the punishment of death upon an imbecile creature, because the dissimilarity of the circumstances prevents the moral impression, which is the object of the punishment; and upon those in the same state of mental incapacity it must be entirely thrown away. Under this view of the subject, the question would be one of little difficulty, were it not that many persons of acknowledged weak minds are condemned and executed for crimes, which they ought not to be; and even granting that they were in some degree responsible,—that their actions were partly subject to their control—that they could make an imperfect distinction between right and wrong, the punishment of death should be abrogated, as far as they are concerned, and confinement substituted,—a substitution humane to the persons themselves, and which insures the safety of the community. These remarks are well illustrated by the followng case:—

John Barclay was tried at the spring assizes of 1832, in this city, before the Lords M'Kenzie and Meadowbank, for the murder of an old blind man of the name of Samuel Neilson, at Cambusnethan, on the 10th of the preceding October. This poor blind man was found dead in bed, with his skull fractured, and a hammer, and the nave

of a cart wheel covered with blood, and to which some of the hair of his head was adhering, were found lying beside the bed. No one lived in the house with Neilson. Early on the morning of the day on which Neilson was found murdered, Barclay was seen to leave his house, and lock the door on the outside. This excited no surprise, as Neilson was known to be kind to Barclay, who went familiarly in the parish by the name of "*daft Jock.*" On that day Barclay went to a stage upon the road between Glasgow and Edinburgh, where he was proved to have had some trifling dealings with an hostler. He was then in possession of three pounds, which he said he had earned by harvest labour. In the course of two or three days, suspicion came to be entertained that Barclay was the murderer. He was arrested, and carried before the public authorities at Hamilton for examination. Here he confessed that he was present during the murder of Neilson; that he had struck him; but that he had been forced to do so by two men whom he accidentally met upon the road the evening before, and who forced him, by threatening to take his life, to conduct them to the house of Neilson; and that while there, and when the old man was asleep, one of the men took out a knife, and threatened to stab him, unless he would consent to kill Neilson. He exhibited several cuts upon his clothes, which he said had been inflicted upon him before he yielded to their threats. That he then struck Neilson a slight blow upon the head, which did him no harm, upon which one of the men took up the hammer and murdered him. The men then proceeded to rob the house, gave him three pounds, advised him to lie down upon some straw and sleep, as it was long till morning, and then they went away. When examined as to these men, he said he did not know them, but that he had met them once upon the road about a month before. Such

was the general account he gave of the murder, in which he continued to persist till a short time before his execution. A preliminary question arose upon the acknowledged imbecility of Barclay; whether he was a fit subject for trial at all. Several medical gentlemen were examined before the court at Edinburgh upon this point. One gentleman (Dr. Sanders,) was clearly of opinion, that Barclay was a perfect idiot, and altogether incapable of distinguishing right from wrong. Dr. Sanders seemed to give entire credit to the story Barclay told about the murder, and said, that he would as soon believe him to be the author of the Waverley Novels as the inventer of the circumstances he related about the two men who had forced him to participate in the crime. The other gentlemen, Drs. Balmanno, Corkindale, Spens, M'Intosh, Hunter, &c., admitted that Barclay was of weak intellect; and the majority stated that their opinion as to his moral responsibility would be modified by the truth or falsehood of the story he told about the way in which the murder was accomplished. The court decided that Barclay was a fit subject for trial.

Upon his return to Glasgow, at the request of his counsel, I saw him repeatedly. He was about twenty years of age, stout made, of fair complexion, and rather tall. He presented a stupid expression of countenance; his features were clumsy; his eye dull; his head large and mis-shapen, with a cicatrix upon the scalp of an inch and a-half in length, over the right parietal bone—the consequence of a wound he had received when a boy. I could not ascertain that any change had been produced by this injury; and my inquiries upon the subject led me to believe that it had been simply a wound of the integuments. His appetite was voracious. He seemed perfectly insensible to his situation; he expressed

no sorrow for what had happened, even when pressed upon the subject of the murder of an old man who had been kind to him. His notions of right and wrong were expressed so far, that he said he would not tell a lie, as it would be wrong to do so. But it was quite obvious that he felt no conviction of the importance of truth, from the falsehoods which he was constantly repeating respecting the murder. His notions of the character of different actions were derived from hearsay; he seemed to have no internal impression of the difference between right and wrong. His ideas respecting a future state were very imperfect. He had some notion of a being of a great power, to whom he attributed the quality most obvious to his capacity, that of great strength, and said he thought God must be a "muckle horse." He seemed to be devoid of natural affection. He expressed a preference for one or other of his brothers and sisters to others of them, upon very childish grounds; and the only human being to whom he seemed really attached, was his mother. His intellectual faculties were as imperfect as his moral. He was very ignorant even of the most common things. He had no idea of time; he did not know the number of days in the week. He could read an easy sentence after some labour; and I succeeded in making him give something like the meaning of what he had read, in language of his own, but it was a very short and easy sentence. Though he was aware that if found of weak mind, he would not be executed, he made no attempt to aggravate his imbecility, but, on the contrary, made efforts upon several occasions to appear knowing and cunning. When questioned as to his own idea of his state of mind, he replied that he had heard people call him "daft;" but he concluded by saying he thought himself just as wise as I was. He presented no symptom of insanity. He was not subject to any illusion or hallucination. He was such as

he had been from birth, or from a very early period of life. His deficiency arose from a want of development of the intellectual and moral powers, which education and experience could but very slightly have remedied. There could be no doubt, from a very cursory acquaintance with this man, that he was miserably imbecile, and fell far below the intellectual and moral standard of the great majority of men, whose education had been equally limited: but the question was, did there not appear in his general character, as well as in the circumstances connected with the murder, a sufficient degree of premeditation, of precaution, and of criminal motive to render him amenable to the law? It was proved that he had spent part of the evening before the murder in the house of Neilson, in company with others, whom the old man was in the habit of amusing by playing to them upon the violin. Barclay must, therefore, have formed the design of murdering Neilson. He must have returned to the house for that very purpose, for he left it with the others. Then there were the robbery, the common motives for such a crime, his flight and concealment, and his attempts to escape the consequences of what he had done; while the story which he told of the two men, showed that he was anxious to fix the crime upon others, with the view of clearing himself. All these circumstances seem clearly to show, that Barclay, imbecile as he was, was capable of forming the design of murder, of executing his purpose secretly, and of endeavouring, by flight and falsehood, to free himself from the consequences of his act. It may be as well to state, that there was no doubt that he was guilty of the murder, and that no one else was accessory to the crime.

Upon the trial it was proved that Barclay was a weaver, but a very indifferent one, and that he was lazy and unsettled; that he was the sport of the children in the

neighbourhood; that in bad times he had been supported by the parish, his parents being in poor circumstances; that he was in the practice of rising from bed during the night, and wandering about without any apparent object. The clergyman of the parish proved that he had been unable to impart religious instruction to him. Drs. Balmanno and Corkindale repeated the general tenor of the evidence given by them in Edinburgh, upon the preliminary question of his fitness for trial. Dr. Corkindale mentioned one or two facts which seemed to show the existence of moral distinctions in the mind of Barclay;—that he knew the difference between culpable homicide and murder; and could perceive the difference between the criminality of these acts. Both of these gentlemen bore clear testimony to the decided imbecility of Barclay; but thought him so far a free agent, that he knew the distinction between right and wrong; that he knew murder was a crime; and that in committing the murder he knew it to be criminal. Examined for the defence.—Dr. Sanders continued to maintain the opinion of his complete idiocy, and total moral irresponsibility. The court seemed to attach considerable importance to the declaration which the pannel had emitted upon being apprehended, and to conceive that the somewhat long and coherent narrative could not be the effort of a mind so perfectly defective; and in summing up the evidence, the judge said that it was impossible Barclay could be so weak as Dr. Sanders supposed, if we did not altogether discredit the correctness of the declaration. There seems to me to have been an error in this. A declaration, in the mode in which these are taken, is not a distinct and uninterrupted narrative emitted by the person himself, but a statement derived from answers to a series of questions put to him, when under examination; and to enable us to form an opinion of the intellectual capacity

of a person, from his declaration, the questions, as well as the answers, ought to be taken down, and not a single word omitted. This objection had occurred to myself before the trial. I endeavoured to ascertain if Barclay could repeat, uninterruptedly, the story which he had told about the murder, even after he had repeated it frequently, without the intervention of interrogation; and upon one occasion I said, "Come now, tell me all about it.—How was it that the old man was murdered?" He immediately replied, "Well, you see, I was at Samuel's," and after continuing to blunder through one or two sentences in connection with the story he had told, either became silent or diverged into some other subject. When, however, questions were put to him at these points, he answered correctly enough, and in this manner a narrative as coherent as the declaration might have been made out, but it would have been, more properly speaking, the narrative of the questioner than of the declarant. He was found guilty, but strongly recommended to mercy by the jury, on account of his great mental imbecility. He was sentenced to death, and executed, notwithstanding the strenuous efforts which were made by his counsel, who had exerted himself with great talent in his defence to save him.

Previous to his execution, he confessed that he murdered Neilson, and robbed his house in the manner described, and that no one was accessory to the crime. He continued indifferent to his fate, indifferent to the zeal of the pious persons who visited him in his unhappy situation; one of whom, a clergyman, was so struck with the impropriety of executing such a miserably weak minded and ignorant creature, that he made unsolicited efforts, through an influential source, to have his sentence commuted. He continued to gorge himself with food even on the morning of

his execution, and seemed but imperfectly conscious of what was to be done to him.

Mr. Alison has said, in reference to cases somewhat similar, that the proper way is to convict, and recommend to mercy. The fate of Barclay forms a rather unfavourable commentary upon this legal dictum. His expression and general appearance, his idiotical interruption of the proceedings upon the trial, and his apparent indifference to his fate, might have been supposed sufficient to have saved this poor creature's life.

Robert Stirrat was tried at Glasgow, in 1831, for the murder and robbery of his aunt, by whom he had been brought up from boyhood, and who had uniformly treated him with great kindness. He was employed in collecting accounts, and obtaining orders for supplying people with coals, in which trade his aunt was engaged. He had profited by the education he had received, and was capable of reading and writing, and had considerable knowledge of the ordinary rules of arithmetic. He became dissipated in his habits, and subject to violent paroxysms of fury, either from provocation or intoxication. He left his aunt's house in the month of August, having taken some money belonging to her with him. He returned, and was kindly received by her, on the 30th September; and two days afterwards, as his aunt lay asleep on the sofa, he murdered her by repeated blows on the head with an axe, after which he robbed her house. Stirrat had always been considered as of weak intellect. When examined, he confessed the murder, and told the manner in which he had done it. This man showed no incoherence. He was not insane—after his apprehension, at all events—but he was of weak mind, and had been so from infancy; but he was certainly possessed of much greater intelligence than Barclay. He

was condemned to death, but his sentence was commuted to transportation for life. I had not an opportunity of seeing Stirrat professionally, but I have never heard but one opinion expressed by those who had examined them both, that Barclay was more clearly a fit object of the royal clemency than Stirrat. I do not say that Stirrat should have been hanged, but that Barclay should not.

Imbeciles are not only easily provoked and irritated, and possess little control over their passions, but they are likewise liable to attacks of furious mania, during which they are capable of committing any excess. These maniacal accessions in imbecile patients are, for the most part, the consequence of intemperance, or of actual disease of the brain. A very interesting case of this kind has been described by Leuret.

Joseph Piscatori was tried for murder before the criminal section of the tribunal of Parma, in May, 1831. This man had been imbecile from birth, but had never been guilty of any criminal act. His maniacal symptoms became manifest upon the sixth of the previous March, and continued for forty-five days, from that time till the act of murder which he committed, during which, his insanity was obvious and well known. He left his home and wandered about the country; he refused food when offered to him; and went to sleep in a hay loft, where he was heard complaining, and as if repeating prayers. He soon went away, and changed clothes with a beggar, caused his hair and moustaches to be cut off. He went to Lesignano, where he asked charity, and begged some one to conceal him, for they wished to kill him, and soon became so violent that he was obliged to be arrested. When brought before a magistrate, he asked if they meant to kill and bury him; if they would strike him in prison, and if they would not refuse him food; and he concluded by request-

ing to be set at liberty, for he had shoes to mend. Before the magistrate, he sometimes spoke Italian, and sometimes Sicilian; sang, begged; said he had lost his papers; that he had travelled to Turin, Milan, through France; refused to tell his name; pretended that he was a bastard, the son of a marquis, and perhaps of a priest. The magistrate declared that he was an inoffensive fool, and ordered him to be set at liberty, upon which he contradicted him formally, and declared himself to be perfectly sane. This state seems to have continued during the whole of the time previous to the murder. He seemed to live under the impression that he was the object of a conspiracy to betray or poison him. On Saturday, the 23d of April, he remained in the house of people of the name of Paini; one of the daughters of this family he had been courting. He seemed to be in a restless, excited state. He was observed to hide his face in his hands and weep, and from that would pass to a state of fury; and upon one occasion he drew forth a knife, and threatened violence with it to all those present, accusing them of having betrayed him. He suddenly became calm, wept, and threw the knife into the fire, saying that he did not wish to do harm to any one. Sometimes he would scold the girl to whom he was attached, and then almost immediately ask her to sing, as well as her father and mother. These people were convinced that he was insane, and began to take measures for having him placed in a lunatic asylum. Next morning he refused to allow one of the children to leave the house to seek his father, for fear that he was going to betray him. In the evening the same scenes were repeated; but after all the family had returned, he declared himself perfectly happy. By threats and persuasions, he obtained possession of a file and piece of iron, the points of which he sharpened. He asked for, and obtained a knife, which he said he

required to defend himself; he had also taken a long nail and a file, as well as another knife, to secure the fastening of his door. On Monday, he rose early, and appeared composed; but in a short time he displayed his chest, and said to the master of the house, "See how white I am." He then took a book, and read. He accompanied Theresa, the girl to whom he was attached, and her mother, to the door, and requested the former to be faithful to him. He returned to the house, and began to read, to sing, and whistle. Two of the daughters of Paini were with him, and he requested one of them to go and get him some tobacco. Left alone with the other, he went to the house of a neighbour, whom he had not before visited; he knocked at the door, and awoke him, and requested him to come and assist him in something he was going to do. Followed by this neighbour, he went into the room where he had left the girl alone, who was at the moment looking into a little box. He threw a rope round her head, which he had got the night before. The rope was caught by the comb which the girl had in her hair; she screamed out, "Oh! he has become mad!" Pescatori seized her, and requested the neighbour to assist him, who, however, fled in terror. Pescatori followed him, and overtook him at the foot of the stair, and begged him not to mention what he had seen, and then he returned. Paini, whom the neighbour went to seek, soon came home, and saw Pescatori at the window, pale, with his arms bare, and asked him about his daughter. He replied that she was in the garden. He refused to open the door, and a few minutes elapsed before a blacksmith could be got to force it. On entrance, the girl was found dead, with eight mortal wounds in her breast; her body presented seventy wounds besides, fifty-seven of which were in the throat, all superficial, and arranged like a necklace. After his imprisonment he expressed fears of

being poisoned; was extremely violent; scarcely ever slept; spoke night and day; and was frequently heard to cry out,—"Liberty or death." He proposed to some of those confined along with him to kill a man called Rabaglia, and carry out his body afterwards, as if it had been easy to get out of prison. Pescatori was condemned and executed.*

A case somewhat similar,—that of Pierre Rivière, occurred in 1835. This man, who was about twenty years of age, murdered his mother, a sister, and brother, all at the same time. He had been imbecile from birth, and of a stubborn and savage temper. He had early become the sport of the children of the neighbourhood, which rendered him timid and bashful, and still farther prevented the development of his faculties. He was cold and apathetic in his affections, particularly towards his mother. He was fond of solitude, and passed entire days alone, in the most sequestered spots he could find, and seemed to indulge his imagination in those things which belong to the marvellous. He was often surprised speaking alone, or conversing with imaginary interlocutors; laughing in loud peals, and at other times uttering plaintive cries. He was sometimes seen rolling himself on the ground, at others making the most ludicrous gestures. He had religious ideas, and was in the habit of killing and torturing animals to imitate the suffering of Christ. Sometimes he seemed urged to fury, and would attack the vegetables in the garden, cutting the heads off the cabbages, and uttering loud cries. He was known to terrify children, threatening to cut off their heads. Sometimes he would seize them and hold them over a well, and threaten to allow them to fall in. At other times he said he would cause a horse to eat

* Annales d' Hygiène Publique, &c., Tom. xii.

them; and when he had frightened them sufficiently he would allow them to escape, laughing immoderately at the fright he had given them. Devils and witches occupied a great part of his thoughts: he conversed with them, made agreements with them; and, terrified with his own reveries, he would cry out, flying at the same time,—oh! the devil, the devil! It was difficult to make him attend to what was said to him; and it was frequently necessary to call him repeatedly with a loud voice, before he could be made to answer. His obstinacy was such that it required incredible efforts to make him abandon any labour which he had commenced. He had frequently endangered his own life and that of horses, in attempting to execute labours beyond their power. He had some strange hallucinations regarding his own person, and on that account refused to approach women, particularly his mother or sister. Rivière was predisposed to insanity: he had a brother who was almost a complete idiot, and his physical appearance accorded with his mental imperfections. His object in murdering his mother was to free his father from the domestic quarrels which frequently prevailed between them—to relieve the world from the yoke of women—and to immortalize himself by imitating the example of Chatîllon Eliasar, and La Roche-jaquelin; and to immolate himself like Jesus Christ, for the safety of mankind. The murder of his brother, to whom his father was particularly attached, was to prevent him from sorrowing for his own fate, believing himself destined to die on the scaffold.* These cases are not, properly speaking, examples of imbecility, but of mania supervening on this congenital state of mind.

* See the whole of this highly interesting case in Annales d' Hygiène Publique. Tom. xv.

Imbeciles are not only guilty of murder, from the causes which I have already mentioned, but they are sometimes made the instruments of committing this crime at the instigation of others. The following seems to have been a case of this kind:—

Louis Lecouffe had been subject to epilepsy from his infancy. At first he denied being guilty of the murder of which he was accused; but upon a second examination he confessed, saying, that the night before he had seen the image of his father, and an angel at his right hand, who commanded him to make a confession of his crime. God at the same time laid his hand upon his heart, saying, *I pardon thee.* He declared that it was at the instigation of his mother that he had murdered his victim, and committed the robbery. The plate which he stole was pawned for 230 franks, of which his mother only gave him 40, to defray the expense of his marriage, which was celebrated the following day. He added, that his victim loved him much; that he was very deserving of her affection, for he had rendered her all the little services in his power; that he remained for five hours in a state of insensibility after the murder. When confronted with his mother he did not retract his confession, but showed some hesitation, and suffered a violent epileptic paroxysm. Next day he said, If you bring me into my mother's presence I cannot answer for myself; she will contradict me, and I shall not have firmness to maintain the truth. The control which his mother exercised over him was confirmed by the testimony of witnesses. He had been in the habit of giving up every thing to support his mother—giving her every thing he gained, without daring to keep a farthing to himself. It was distinctly proved that Lecouffe was of weak mind, and entirely under the control of his mother, who had refused her consent to a marriage which her son

wished to contract; that she had refused her consent upon a second occasion; that she had long urged him to commit the murder and robbery, and at last succeeded in persuading him to it, by consenting to his marriage, which took place the day following the murder. This poor creature received only 40 francs for murdering an old woman who had been kind to him, and for whom, according to his own account, he entertained some regard.* This man was condemned and executed. He may have been responsible; yet it seems evident that but for the instigation of his mother, the idea of such a crime would never have entered his mind.

The same motives which induce imbeciles to commit murder may lead them to the perpetration of other criminal acts, such as fire-raising and theft; but these do not require any special notice; and the principles which would guide us in estimating the responsibility of the individual in cases of murder, equally apply to these offences.†

In conclusion, I would remark, that the medical jurist is not to presume that a criminal must be of sound mind, merely because his case cannot be arranged under any of the great divisions of insanity. These divisions are adopted for the classification of facts, and as a means of facilitating their study, but they cannot set limits to nature, and it is frequently a matter of no little difficulty to determine under what division of insanity a case should be classed. Besides, we meet with examples of insanity which combine the chief characteristics of them all. The cases of Pescatori and Rivière, form a good illustration of this; and the caution which I have given, was suggested by the opinion

* Georget Examen Medical des Proces criminels des noméms Leger Lecouffe, &c.

† See the case of Agnes Mahr, accused of fire-raising, in Zeitschrift für die Staatsarzneikunde. 1836.

of one of the medical witnesses in the case of the latter, who most unwarrantably concluded that he was of sound mind, because the symptoms of his case did not correspond to any of the more prominent divisions of insanity.

CHAPTER VIII.

THE DEAF AND DUMB.

The absolute congenital want of the sense of hearing, includes the impossibility of speech; and though this state may not be connected with any deficiency of intelligence, the person who is thus deprived of the means of acquiring information, and of communicating his ideas, is unfit to discharge the duties of life, and is irresponsible for any act he may commit. Now, though this be invariably true of those born deaf and dumb, yet such persons are not without the means of instruction; their defective state may be so far remedied, that information may be communicated, and they may be taught to express their ideas either by signs, in writing, or by articulate sounds. Between an uneducated and an educated deaf and dumb person, there is the greatest conceivable difference, both intellectually and morally. A deaf and dumb person who has been educated, and has profited by the instruction which he has received, is not necessarily unfit to conduct his own affairs; but this of course will depend in some measure upon their magnitude and complication, and the facility and accuracy with which he comprehends, and makes himself understood. Still, in the real business of life, the knowledge even of the educated deaf and dumb must be limited, their general experience in affairs so far imperfect, that in the great majority of cases, their interests will be best attended to

by being placed under the superintendance of others. Those, however, who have devoted their attention to the instruction of the deaf and dumb, are the proper witnesses in such instances as to the knowledge and acquirements which they possess.*

The uneducated deaf and dumb are altogether irresponsible for any criminal act; with the educated this is far from being the case, for they are as susceptible of moral culture as of intellectual instruction, and in every moral sense they are amenable to the law for crimes, precisely like other men. They cannot be supposed ignorant of the law; they have been taught the difference between right and wrong; and they are not to be presumed to want the innate conscience, which, independently of moral culture, suggests, imperfectly perhaps, the difference between good and bad; but I believe no means has been found by which they can be made legally responsible for their crimes. In the case which occurred of a deaf and dumb girl who threw one of several natural children, which she had born to different parents, over one of the bridges in this city, though it was decided by a majority of the court that she was a fit subject for trial, yet when brought to the bar and asked to plead to the indictment in the usual manner, it was objected by the counsel for the prisoner, that he could not permit the trial to proceed, until it was explained to his client that she was at liberty to plead guity or not guilty as she pleased. Upon its being found that there was no means by which this could be done, the case was dropped. That this woman was morally responsible for the crime, there can be no doubt whatever; it is not to be supposed that she was devoid of the maternal instinct of love of her

* See a highly interesting report upon the state of a deaf and dumb person who wished to emigrate to America, in Henke Zeitschrift, for 1836.

offspring; the motive for the crime was to be freed from the burden which her children occasioned her; the mode of commission of the murder, points out its criminal character; but the law has not discovered any way by which they can be rendered amenable to it in such cases. I presume, however, that in the case of an educated deaf and dumb person, there could be no more difficulty in his being made to understand the question of guilty or not guilty, than any other equally simple.

The deaf and dumb are sometimes very irascible; they have not the usual language by which they can express their passions, and they seem to do this by violence of manner. I remember to have seen frequently a deaf and dumb girl in the Town's Hospital of this city, who displayed the most ferocious disposition that can be imagined; she ran at and attacked with a species of blind fury every one who came near her, and was capable of any excess, of any crime.

A deaf and dumb person is capable of acting as a witness, provided an oath can be administered to him, and another found who is able to interpret between him and the court.

This state is frequently feigned, but the consideration of this more properly belongs to the subject of feigned diseases, and at all events the detection is by no means difficult.

SLEEP-WALKING.

Somnambulism is a condition in which those who are subject to it are capable of exerting the muscles of locomotion, and of performing certain acts while they are asleep. While in this state, the individual is completely deprived of the use of his senses. He neither hears nor sees; his actions are guided by a vivid imagination, which presents objects to him as if his senses were really per-

forming their functions. It is not impossible for a person who is subject to this affection to commit a crime; and if it could be proved that he really was in this state at the time, of course he ought to be held irresponsible for the act; but I know of no means by which we are able to ascertain that the person really was in this state at the moment of its commission. It is not enough that we should have evidence that the person was subject to sleep-walking: and if there was any probable motive for the crime, the case would be exceedingly difficult. All that the medical jurist could do in such a case would be to bear evidence to the fact of sleep-walking. Besides, it is most probable that if an action, which is criminal, has been committed by a person during somnambulism, it is one which he has fully premeditated while his senses were awake. Many examples of this kind are to be found on record. It would be very easy to affect this state, and there is no way in which it can either be proved or disproved; nevertheless, it is a real affection, and must not altogether be disregarded by the medical jurist.

Murder has not unfrequently been committed in that half unconscious state, at the moment of awakening from sleep, —in the intermediate state between sleeping and waking. When a person is awoke by a frightful dream, or by some extraordinary cause, either internal or external, he may, perhaps, commit murder, before he has recovered the full possession of his senses, in the state of perturbation which exists, and while his excited imagination magnifies or perverts objects indistinctly perceived.

Bernard Schedmaizig suddenly awoke at midnight; at the moment he saw a frightful phantom, or what his imagination represented as such,—a fearful spectre. Fear and the darkness prevented him from distinguishing more. He twice called out, Who is that? and receiving no

answer, and imagining that the phantom was advancing upon him, and having altogether lost his self-possession, he seized a hatchet which was beside him, and attacked the spectre, and it was found that he had murdered his wife. The same thing may happen from being suddenly awoke by some one approaching, whose person and object may be mistaken in the half unconscious and perturbed state which not unfrequently exists when we are disturbed from sleep, during some dream, or in an active state of the imagination. A person could not be held responsible for such a crime; but it would be exceedingly difficult to persuade a jury of the real existence of such a condition, particularly if there was any probable motive for the crime. It would be exceedingly easy to feign this state, either at the time the crime was committed, or as an excuse afterwards.

Chambeyron has mentioned a case which occurred at the school where he was educated, of a youth who had taken a dislike to one of his fellow pupils, and who had wounded him severely several times during the night, of which he accused another. Upon one occasion he wounded him severely with his penknife, in the thigh, and left the instrument sticking in the wound, and uttered a plaintive cry, like one awakening suddenly. Some one immediately ran to him, and he had all the appearance of one awakening from a deep sleep. Every one at first suspected the pupil who had been accused several times before; and it was not till after the lapse of a considerable time, and with much trouble, that the villany was discovered.

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